



Sunrise Cares Utility Relief Program Application

Please review the program criteria prior to beginning this application, which can be found by visiting: <http://www.sunrisefl.gov/utilityrelief>. You must complete the application in its entirety in order to be considered and provide the required supporting documentation as indicated on the application.

Applications must be postmarked no later than November 18, 2020 to be considered.

Applications MUST be completed online at www.Sunrisefl.gov/utilityrelief OR mailed to the below address. Applications will not be accepted in person or at any City facility.

Completed applications, along with copies of all required supporting documentation, should be mailed to:

Sunrise Cares Utility Relief Program

1007 North Federal Highway

#316

Fort Lauderdale, FL 33304-1422

If you provide an email address, you will be emailed a confirmation of receipt of your application. If you don't have an email address, you will receive a phone call confirming receipt of your application.

If you have any questions about the application process, please visit the FAQ section on our website at <http://www.sunrisefl.gov/utilityrelief>.

Required Documentation

You must provide copies of all of the following with your application:

A. Copy of Driver's License or ID matching Sunrise utility service address.

Acceptable documentation includes:

- a. Current Florida Driver's License with matching address

OR

- b. Current Florida ID Card with matching address

B. Copy of one non-Sunrise utility bill, with name and service address matching Sunrise utility service address and dated March 1, 2020 or later. Acceptable documentation includes:

- a. FPL Electric Bill
- b. Comcast or Other Cable Provider
- c. Any Internet Provider
- d. Landline Telephone Bill

C. Proof of Residence

- a. If you are renting the property, you must provide a copy of your current lease stating that the account holder/household member is responsible for the Sunrise water and wastewater utility bill. Acceptable documentation includes:

- i. Active lease (with relevant section notated by the applicant (highlighted/circled/starred))

OR

- ii. Approval Letter from Mobile Home Park dated 2020

- b. If you own the property, you must provide proof of Homestead Exemption on the property, with name and address matching the Sunrise utility service address. Acceptable documentation includes:
 - i. TRIM Notice or Property Tax Bill from 2019 or 2020
 - OR
 - ii. Letter or email from the Broward County Property Appraiser Office indicating approval for 2019 or 2020
 - iii. Please note: If applicant or household member demonstrating loss of income has a Homestead Exemption for another property, then application shall be denied.

D. Proof of Loss of Income

- a. In order to verify your loss of income, you must provide **one** or more of the following:
 - i. Bank Statements: Documentation must show **income prior to loss and at least 8 consecutive weeks** (at least two monthly bank statements) of reduction/loss of income after March 1, 2020.
 - ii. Paystubs: Documentation must **show salary prior to loss and reduced salary** (after March 1, 2020) for at least 8 consecutive weeks at a loss of at least 30% of gross amount.
 - iii. Reemployment/Unemployment Assistance: Documentation must show **approval of reemployment/unemployment assistance and payments for 8 consecutive weeks**.
 - iv. You will also have the opportunity to submit additional supporting documentation, but this is not required.

Please gather this information and make sure to include it with your completed application. Note: please cross out / black out any personal information on your supporting documents (i.e., account numbers; driver's license number; etc.) before mailing them.

Sunrise Cares Utility Relief Program Application

Utility Account Holder First Name and Last Name:

Utility Account Number:

Utility Account Holder Email Address:

Utility Account Holder Phone Number:

What service are you applying for (check one)?

- Water Water & Wastewater

Please provide the Address of the Water/Wastewater Services:

Do you own or rent the property in which you reside?

- Own Rent

Who in your household qualifies to receive this relief funding?

Utility Account Holder

Other Adult Household Member

If the Other Adult Household Member is the one who experienced the loss of income, please list this individual's name, email address, and phone number. Otherwise, skip this question.

First Name and Last Name:

Email Address:

Phone Number:

What was the official name of your employer(s)?

Please provide your monthly income for each of the months listed below. If no income was received for the month, please list it as 0 (Note: you must have received income for the month of February in order to apply.)

February:

March:

April:

May:

June:

July:

August:

September:

Certification Statements and Signature

Please read each statement below and check that you agree:

- I certify that Account Holder/Other Adult Household Member has not have received a subsidy or payment from any other local, state, or federal programs towards water or wastewater utility bills in 2020.
- I certify that the property associated with the utility account is not used as an investment property for the account holder or household member.
- I understand that this application and all supporting documentation is subject to public record.
- I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial or my approved program credit may be revoked.

Please type and sign your name below:

Typed Name: _____

Signature: _____

Date: _____

Additional Applicant Information

What type of property do you currently live in (check one)?

- | | |
|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Single-family home | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Multi-family home / Duplex |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Mobile home |

Age Bracket (check one):

- | | |
|------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> 18-24 years old | <input type="checkbox"/> 56-64 years old |
| <input type="checkbox"/> 25-34 years old | <input type="checkbox"/> 65-74 years old |
| <input type="checkbox"/> 35-44 years old | <input type="checkbox"/> 75 years or older |
| <input type="checkbox"/> 45-55 years old | <input type="checkbox"/> Prefer not to answer |

Marital Status (check one):

- | | |
|----------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Single | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Widowed | |

Gender Identity (check one):

- | | |
|---------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to answer |

Race (check all that apply):

- | | |
|------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to answer |

Ethnicity (check one):

- Hispanic or Latino
- Non-Hispanic
- Prefer not to answer

****Please include copies of all required supporting documentation along with your application****