



**Application for Lifeline and SPSA Lifeline**

Lifeline is not an entitlement program and assistance will be provided only until funds are exhausted. Lifeline is totally funded by the City of Norfolk. Virginia Department of Social Services policies on Appeals and Fair Hearings do not apply.

**PLEASE ANSWER ALL QUESTIONS COMPLETELY:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Norfolk, VA 235** \_\_\_\_\_

**Telephone Number Home:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Account number from HRUBS bill:** \_\_\_\_\_

**Assistance is requested for (check all that apply):**

- Combined services bill
- Plumbing repairs, if so, please list the name and phone number of the plumbing contractor that you would like to do the repairs
- SPSA Lifeline – one time only payment to offset garbage collection fees for FY2010*

**For plumbing applicants:**

- Homeowner
- Renter, responsible for own water expense

**List all household members and their information with applicants name first:**

Name	Social Security #	Birth date	Relationship	Gross monthly Income	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**Do you have any of the following (check all that apply)**

Checking account: [ ] Yes [ ] No If yes, current balance: \$ \_\_\_\_\_

Savings Account: [ ] Yes [ ] No If yes, current balance \$ \_\_\_\_\_

Stocks, Bonds, Securities, CD's, Retirement Accounts [ ] Yes [ ] No If yes, current value \$ \_\_\_\_\_

Cash on hand: [ ] Yes [ ] No If yes, amount \$ \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

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I REQUEST ASSISTANCE AND CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT:

- I have a right to file a complaint if I feel that I have been discriminated against because of my race, color, national origin, religion, sex, age, handicap or religious belief.
- If I give false information or withhold information, I may be breaking the law and could be prosecuted for perjury or larceny.
- My signature below authorizes the Department of Human Services, the Department of Utilities, the Department of Public Works and HRSD to share information and obtain any verification necessary to establish my eligibility for assistance and to give information in my case record to other organizations from which I have or may request assistance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_