

## METERED UTILITY VERIFICATION FORM

This form must be completed in its entirety by the Local Recipient Organization providing services, as all information is required for each utility payment made with Emergency Food and Shelter Program funds. Metered utility assistance includes gas, electric and water for individuals or households. (The individual utility bill which shows the one month past due amount must be attached along with a copy of the proof of payment to this form to verify eligibility of expenditures.) Failure to provide complete, required information will result in a compliance exception.

*The attached utility bill or client's billing and payment history from the vendor charged to the Emergency Food and Shelter Program supports the information provided below:*

**Client Information (required):**

Name: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
*Street/City/State/Zip*

Complete Service Address: \_\_\_\_\_  
*Street/City/State/Zip*



**Utility Payment Type (Circle One):**      Electric              Gas              Water

The attached bill covers \_\_\_\_\_ to \_\_\_\_\_ and is a one month billing period.

The attached bill is/was due on \_\_\_\_\_ (month/day/year).

The one month amount charges being paid from this bill are for (check one):

current month's utilities     past due utilities.

The amount being paid of \$ \_\_\_\_\_ is for the month of \_\_\_\_\_ (month/year), which was due on \_\_\_\_\_ (month/day/year) and does not exceed one month's billing.

The payment being made by this agency is still entirely past due and is part of the total amount owed at the time this agency is providing payment.

EFSP guidelines allow for the payment of utility assistance up to 10 calendar days before it is due. No deposits, late fees or other service fees are eligible.



**Agency/LRO Use:**

*Because this information was not clearly stated on the attached bill, the information has been verified with the utility company and noted by service dates and one month amounts on the attached bill/history.*

The following information must be completed:

Verified on (month/day/year): \_\_\_\_\_

Verified with (name of utility company) \_\_\_\_\_

Verified with (name of utility company staff) \_\_\_\_\_

Name of LRO staff conducting verification: \_\_\_\_\_

Signature of LRO staff conducting verification: \_\_\_\_\_