T-RAP Utility Payment Agreement Form Version 4

**Instructions for T-RAP service provider:** Complete Sections 1,2, and 3 with head of household/and or utility provider. Complete Section 4 with head of household if payment is made directly to household.

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| 1. **Household/Tenant and Rental Information**
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| **Household ID** *(completed by T-RAP service provider)****:***  | **Date:** |
| Name: |
| City: | State/Zip Code: |
| 1. **Utility Request**
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| Indicate below the months the household/tenant utility payment is past/currently due. Assistance cannot be provided for arrears that were accrued before March 13, 2020. March arrears must be prorated from March 13 to the end of the month. All payments for utilities and home energy costs should be supported by a bill, invoice, or evidence of payment to the provider of the utility or home energy service. Future utility payments are not allowable.  |
| **Utility Provider Name:** **Utility Type(s):****Utility Provider Tax ID or DUNS #:** **Utility Provider Address:** | **Months/Year Assistance Requested:** **Total $/Payment Requested:** |
| **Utility Provider Name:** **Utility Type(s):****Utility Provider Tax ID or DUNS #:** **Utility Provider Address:** | **Months/Year Assistance Requested:** **Total $/Payment Requested:** |
| **Utility Provider Name:** **Utility Type(s):****Landlord/Utility Provider Tax ID or DUNS #:** **Landlord/Utility Provider Address:** | **Months/Year Assistance Requested:** **Total $/Payment Requested:** |
| **Utility Provider Name:** **Utility Type(s):****Landlord/Utility Provider Tax ID or DUNS #:** **Landlord/Utility Provider Address:** | **Months/Year Assistance Requested:** **Total $/Payment Requested:** |
| 1. **Total Amount of Utility and Home Energy Arrears Paid: $**

**Total Number of Months****Paid:***Reminder: Documentation of payments made to a utility provider or a landlord on of the household must be provided to the household.* |
| 1. **Household Signature** *(Required if payment is made directly to household. Household agrees to use payment to satisfy utility obligation listed in Section 3 above. Electronic signatures, or verbal/electronic verifications are allowable.)*

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|  *Household Signature:*  | *Verbal/Electronic Verification (check box):* [ ]  |
|  *Date:* | *Date:* |

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