

CITY OF RAWLINS  
LEND ECONOMIC ASSISTANCE PROGRAM (L.E.A.P.)

In order for the L.E.A.P. Board of Directors to determine your eligibility for assistance, **ALL** the information requested **MUST** be completed.

APPLICATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip Code

Utility Service Address: \_\_\_\_\_

City State Zip Code

Utility Account Number: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

1. Have prior payment arrangements been made with the Utility Department? \_\_\_Yes \_\_\_No

2. Was this arrangement successful? \_\_\_Yes \_\_\_No

If not, why? \_\_\_\_\_  
\_\_\_\_\_

3. Are you currently employed? \_\_\_Yes \_\_\_No

If yes, Where? \_\_\_\_\_

4. Are you retired? \_\_\_Yes \_\_\_No

5. Are you disabled? \_\_\_Yes \_\_\_No

6. **INCOME VERIFICATION MUST BE ATTACHED TO THIS APPLICATION**

Income for the last three (3) months: \_\_\_\_\_

7. Number of dependents living at this service address: \_\_\_\_\_

8. Explain your circumstances for which you are applying for assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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