



Neighbors helping Neighbors

**CITY OF ALLIANCE
UTILITY ASSISTANCE PROGRAM
Participant and Donation Form**

The City of Alliance established the City of Alliance Utility Assistance Program to provide residents a voluntary opportunity to contribute to other Alliance residents who need assistance paying their utility bills. All donations provided through the City of Alliance Utility Assistance Program will be used to help residents of the City of Alliance service area to pay their delinquent city utility bills.

DONATING: Utility customers of the City of Alliance utilities may add a recurring one-time and/or recurring donation to their monthly utility bill. If you elect to participate, please complete the bottom portion of this form and return it to the City utility customer service office so that donation(s) may be added to your utility bill.

RECIPIENTS: To be eligible for assistance under this program, applicants must:

- a. Complete an application form,
- b. Reside in the City of Alliance utilities service area,
- c. Be a current utility customer of a City of Alliance,
- d. Have a delinquent residential utility bill, subject to disconnect, and
- e. Provide proof of income to the agency administering the program.

If you wish to apply for assistance, please contact the Northwest Community Action office at 308-762-4960 for application assistance.

DISTRIBUTION: Northwest Community Action Partnership shall act as the Utility Assistance Program Service Provider and shall hold all donations in a designated fund and administer the City of Alliance Utility Assistance Program and the distribution of assistance to eligible recipients. Donations may be tax-deductible and a statement of your gift will be provided at year-end as appropriate.

CITY OF ALLIANCE UTILITY ASSISTANCE PROGRAM

NAME _____

UTILITY ADDRESS _____

ACCOUNT NUMBER _____ PHONE NUMBER _____

Please select one or more of the following options:

I wish to donate \$_____ each month

I wish to round up my bill to the nearest dollar and donate the cents (less than \$1) each month

I wish to donate a one-time donation of \$_____.

Donations marked above will be added to your monthly utility bill. Please return the completed form to:

City of Alliance
324 Laramie Avenue, PO Box D, Alliance, NE 69301-0770
Phone: 308-762-5075
Fax: 308-762-3778

Signature _____ Date _____

THANK YOU FOR YOUR GENEROSITY!