## CHG Utility-Only Assistance Form

If you are supporting an eligible client with CHG utility-only assistance, the following is required:

Copy of lease naming client as lease holder or other written occupancy agreement identifying them as legal tenant of unit OR copy of the Certification of Payment Obligation/Potential Eviction from Friend/Family form.

**AND**

Utility late payment or shut off notice, indicating that utility will be shut off or disconnected if payment is not received, and is signed and dated by utility company representative and/or included utility company contact information OR copy of the Certification of Payment Obligation/Potential Eviction form.

**AND**

Statement from case manager indicating that without CHG assistance the client will lose their housing and become homeless.

**Use the space below to explain how CHG utility assistance is necessary to keep the client from becoming homeless. What are the client’s support networks (friends/family/church), other housing options or resources that are not available? Why isn’t LIHEAP or another utility assistance program supporting the client’s utility needs?**

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| --- | --- |
| Client Name and HMIS Identifier: | |
|  | |
| Staff Name: | |
| Staff Signature: | Date: |