

HEALTH SERVICES
 Main Street, P.O. Box 696
 Cathlamet, WA 98612
 (360) 795-6207 (888) 452-0326
 Fax (360) 795-6143



HUMAN SERVICES
 42 Elochoman Valley Road
 Cathlamet, WA 98612
 (360) 795-8630
 Fax (360) 795-6224

UTILITY & EMERGENCY ASSISTANCE APPLICATION

Date: _____

Name: _____
LAST FIRST MI

Physical Address: _____ Phone #: _____
STREET, CITY, ZIP

Best way to contact you: _____

Type of Assistance Requested:

- Utility Assistance, explain: _____
- Housing Support, explain: _____
- Other, explain: _____

Are you currently homeless or at risk of becoming homeless? Yes No

Please complete for all household members, including yourself (if you need more space, please use the back of this form):

Name	Date of Birth	Gender	Relationship
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

Income

Please complete for all household members, including yourself:

No income from any source

Name	Source of Income	Monthly Total

Have you received emergency assistance from WHHS in the past: Yes No

Type of Assistance: _____ When: _____

I declare that the information I have given in this application is correct and complete to the best of my knowledge.

 Signature

 Date