



City of Kyle, Texas  
Emergency Utility Bill Relief Grant Program Guidelines

APPLICATION FORM

1. Today's Date: \_\_\_\_\_
2. Applicant's Name: \_\_\_\_\_
3. Name of Account Holder: \_\_\_\_\_
4. Utility Account Number: \_\_\_\_\_ (13-digits, no dashes)
5. My Utility Account:             Is Active             Has Been Closed-out
6. Service Street Address: \_\_\_\_\_
7. Number of People in Household: \_\_\_\_\_
8. Contact Email Address: \_\_\_\_\_
9. Contact Phone Number: \_\_\_\_\_ (10-digits, no dashes)
10. My Monthly Income: \_\_\_\_\_
11. My Spouse/Partner's Monthly Income: \_\_\_\_\_
12. Reason for Requesting Emergency  
Financial Assistance:             Experiencing Hardship Due to COVID-19  
    Loss of Job Due to COVID-19  
    Reduction in Income Due to Covid-19  
    Other: Please Provide Explanation Below  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Applicant's Signature: \_\_\_\_\_



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AFFIDAVIT

I, \_\_\_\_\_, presently residing at \_\_\_\_\_, Kyle, Texas 78640, County of Hays, Texas, do hereby solemnly swear that I and my family have been experiencing financial hardships due to COVID-19 and I am unable to pay my City of Kyle utility bill.

I further solemnly swear that I have provided the following documentation as proof for:

1.  Loss of job
2.  Loss of income
3.  Unemployment claim filed
4.  Unemployment claim approved
5.  Employer's letter confirming business closure, layoff, or reduction in pay due to COVID-19
6.  Other: Explanation provided by me under item #11 on the attached application

I am requesting financial assistance under the City's Emergency Utility Bill Relief Grant Program. I hereby agree that should the information submitted by me to receive financial assistance under the City's Emergency Utility Bill Relief Grant Program is found to be untrue or false, any monetary credit applied to my City of Utility account will be immediately reversed and I will be responsible for all utility account balance.

By signing this Affidavit, I hereby attest that I have read this Affidavit, that I fully understand and acknowledge all claims and statements made by me in this Affidavit, and that all such claims and statements made by me in this Affidavit are completely true and accurate.

\_\_\_\_\_  
Signature of Applicant & Date