



*We Help Veterans & Families
Find More Peace in Their Life*

Revised: 3/17/25

Funding Criteria for Utility Assistance

Date: _____

Name of Veteran needing assistance: _____

Describe what utilities assistance is needed for: _____

Utility Company information:

Name: _____

Address: _____

City/State/Zip: _____

What prompted the need for assistance? (Accident, loss or employment, etc.)

Who else has been contacted for assistance and what was the outcome (other agencies)?

PO Box 563 Dacono, CO
80514

720-600-0860

www.QualifiedListeners.org



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How much money is needed? _____

Date amount is needed: _____

A copy of the utility bill needs to accompany the request: **Must include letterhead/invoice with contact information for the business.**

Have you been behind in payments before?

Yes, ___ No ___

Have you lost service for lack of payment either currently or in the past?

Yes, ___ No ___

Do vendors accept multiple payments from multiple organizations?

Yes, ___ No ___

Preferred method of payment (check or credit card)? _____

Is Veteran employed?

Yes, ___ No ___

If yes, where employed? _____

Supervisor name: _____

Phone number: _____

How many hours a week? _____ Monthly income? _____

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Does Veteran have other sources of income:

VA benefits? Yes, ___ No ___

If yes, what is their monthly income? _____

Social Security? Yes, ___ No ___

If yes, what is their monthly income? _____

Social Security Disability? Yes, ___ No ___

If yes, what is their monthly income? _____

Spouse Employed? Yes, ___ No ___

If yes, what is their monthly income? _____

List of all other household income and their sources:

Is Veteran otherwise self-sustaining for monthly expenses? Yes, ___ No ___

Do you have personal funds to offset the amount requested? Yes, ___ No ___

If yes, how much? _____



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Are you supporting any dependents? Yes, ____ No ____

If yes, please list members and ages: _____

Details of your monthly household expenses. **Remember to include expenses, such as, groceries, insurance, phone bill etc.**

Additional Information and/or documentation may be required.

To be considered for assistance, Qualified Listeners will need the following in addition to this completed form, copy of Honorably Discharged DD214, and photo ID:

We will verify the information you provide.

No action will be taken on your request until all questions are answered and all supporting documentation is received.

Person completing this form:

Name (please print)

Signature

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