City of Harlowton

Utility Share Program
Application for Assistance

Due back to City Hall by 11/04/25

Full Legal Name:

_____

Phone Number:

_____

Physical Address:

_____

Number of People in Household Under 18 _____ Over 18 _____
Work Status _____Hours per week if applicable _____

List all Sources of Income (Include everyone living in the household)

_____
_____
_____
_____
_____
_____

List ALL sources of assistance you currently receive (TANF, SNAP, SSI, SDI, Unemployment, Section 8, HUD, Child Support, LIEP)

_____
_____
_____
_____
_____
_____
_____

Please use the space below to describe your situation and your financial needs. The Harlowton City Council will review your application. Your application will be anonymous.

1. Please provide copies of the last two months of **ALL** income of anyone living in the household.
2. Please provide proof of all assistance you or anyone in the household is receiving.
3. Please provide a copy of a driver's license or ID card or Birth Certificate for anyone living in the household.

Harlowton City Council will make a decision at the November 11, 2025 meeting. You will be notified by mail.

Signature _____ Date _____

For Office Use

Received by:
Date Received:
Approved or Denied: