

FLEX Application "Mail In"

FLEX application to receive assistance. Every three months participants in need can mail in their completed FLEX application with a copy of Proof of residency; OPEN current heating or electricity UTILITY BILL showing date, name, address and account to determine residency **or** Valid Vermont State ID with matching address and reachable phone number to be contacted. If requesting Utility assistance; must submit bill with matching residency address.



To successfully apply for FLEX assistance please complete the form below and return with "Proof of Residency, Utility Bill or VT State ID.

Return address: JUMP, PO Box 1657, Burlington, VT 05402

Select ONLY one: ___ \$35 Hannaford ___ \$35 City Market ___ \$50 Utility Bill

Laundry voucher, select one: ___ Greers; So. Burl. or ___ Clothes Quarters Laundry; Winooski

Thrift Store vouchers; you may select all three:

___ \$20 Goodwill Voucher ___ \$15 Possibility Thrift Shop ___ \$15 Every Monday Thrift Store

PLEASE PRINT CLEARLY

Name: _____

Spouse or Partners Full Name: _____

Residency Address: _____

City/Town: _____ Zip Code: _____

Phone Number(s): _____ E-Mail: _____

DOB: _____ Last 4 digits SS# _____ Sex: F ___ M ___ O ___

Do you pay utility bills, if yes, please list one or more? _____

Number of Adults in household, include self and spouse/partner: _____

Number of Children in Household under age 18 yrs: _____

Monthly Household income: _____

ID Verification requirement: Please return by mail--Proof of residency; current heating or electricity UTILITY BILL open to show date, name, address and account to determine residency **or** Valid Vermont State ID with matching address.

Limited Permission to Release Information: By submitting the "Flex application" for assistance indicates your understanding and agreement that JUMP may (1) check on and confirm information about you given on the request form, and (2) share this information with other organizations that may assist you directly and/or work with JUMP in assisting you. This permission expires in one year from the date submitted, unless otherwise revoked in writing.

Requestor Signature: _____

Date: _____