



**EMERGENCY ASSISTANCE REQUEST
CUSTOMER BILLING/CONSUMPTION RELEASE FORM**

I certify that my family is presently experiencing an emergency need for assistance with housing, utilities, medical needs, and/or basic necessities.

In accepting assistance through Metrocrest Services, I give consent for this declaration to be correlated with all participating agencies in order to assure the most effective use of available funds.

NAME: _____
LAST FIRST MI

SS# NUMBER: _____ D.O.B. _____

ADDRESS: _____
STREET

_____ CITY ZIP CODE

TELEPHONE: _____
DAY EVENING

UTILITY COMPANY: _____

ACCOUNT NUMBER: _____

LANDLORD/MORTGAGE COMPANY: _____

ACCOUNT NUMBER: _____

OTHER: _____

ACCOUNT NUMBER: _____

I authorize Metrocrest Services to solicit/verify information on my payment, billing, and consumption histories, both past and future, for the purpose of determining program eligibility.

This declaration is to be used only for the purpose stated and will be retained by Metrocrest Services for their records.

NAME (PLEASE PRINT) CLIENT SIGNATURE DATE

CASEWORKER SIGNATURE DATE

Serving Carrollton, Farmers Branch, Addison, Coppell, and city of Dallas in Denton County