

UTILITY VERIFICATION FORM

Client Information

Client Name: _____ Client #: _____
Client Address: _____ City: _____ State: CA Zip: _____

Gas Company Account Information

Gas Co: _____
Amount: _____
Account No: _____
Customer Service Representative Name: _____
Contact Number: _____
Date of Contact: _____

Power Company Account Information

Power Co: _____
Amount: _____
Acct No: _____
Customer Service Representative Name: _____
Contact Number: _____
Date of Contact: _____

Water Company Account Information

Water Co: _____
Amount: _____
Acct No: _____
Customer Service Representative Name: _____
Contact Number: _____
Date of Contact: _____

Housing Case Manager's Name: _____ Date: _____

Housing Case Manager's Signature: _____ Date: _____