

CITY OF ABERDEEN, MARYLAND
FINANCIAL HARDSHIP PROGRAM

REQUEST FOR FINANCIAL ASSISTANCE

Account Number _____ Date: _____

Phone Number: _____

Name: _____
Last First MI

Address: _____

Male Female Married Single

Number in Household: _____ Household Income: \$ _____ \$ _____
Monthly Annually

Amount of Outstanding Bill:
Sewer \$ _____
Water \$ _____
Other: _____ \$ _____
Total \$ _____

Reason for Request:

Extra-ordinary circumstances (Please give brief explanation below):

Medical Condition (Please give brief explanation below):

Other (Please give brief explanation below):

Have you applied for assistance before? Yes No

Signature: _____