

Utility Family Support Program

Eligibility Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the eligibility of the following family for the Utility Family Support Program:

Family Name: [Insert Family Name]

Address: [Insert Address]

Contact Number: [Insert Contact Number]

The family has been assessed and meets the criteria set forth by the Utility Family Support Program. Based on the information provided, they qualify for assistance in managing their utility expenses.

Please feel free to contact us at [Insert Contact Information] if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]