

Utility Assistance Program Benefits Overview

Date: [Insert Date]

Applicant Name: [Insert Applicant Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Insert Applicant Name],

We are pleased to inform you about the benefits available through our Utility Assistance Program. Our goal is to support individuals and families in managing their utility expenses and ensuring access to essential services.

Program Benefits:

- Financial assistance for heating and cooling costs
- Help with energy bill payments
- Access to energy efficiency resources and education
- Referral services for additional support programs

Eligibility for program benefits is determined based on income, household size, and other criteria. We encourage you to complete the attached application form and submit it by [Insert Deadline]. If you have any questions or require assistance, please don't hesitate to contact us at [Insert Contact Information].

Thank you for your attention, and we look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

[Utility Assistance Program Name]

[Phone Number]

[Email Address]