

# NEIGHBORS WHO CARE PROGRAM

## About Neighbors Who Care

The City of Ocala's "Neighbors Who Care" program is a voluntary customer contribution program that helps those experiencing financial difficulty. The fact is, many people may occasionally fall on hard times. They may struggle with a monthly utility bill or even face disconnection of their service. In addition to all other government funded assistance programs, "Neighbors Who Care" is another option.



### How can I contribute?

The program is designed so that customers who can afford and want to help others, can make voluntary contributions to the fund. Customers may add \$1, \$2, \$5, or any other amount to their monthly bill. Simply fill-out the contribution form or just check the box on the municipal services statement stub. Complete the information on the back of the payment stub and add the amount to the payment. One-time donations are also accepted. Every contribution will make a difference in the lives of families who have genuinely fallen on hard times and need a helping hand.

### How do customers apply for assistance?

All funds collected through the "Neighbors Who Care" program are turned over to United Way of Marion County, a non-profit community assistance agency. City of Ocala customers needing assistance should call the United Way at 2-1-1. United Way will help the customer locate an agency near their home so that eligibility and need can be determined.

#### Business hours:

Lobby – M, T, Th, F 8:00 a.m. to 4:00 p.m.; W 8:00 a.m. to 5:00 p.m.

Call Center – M-F 8:00 a.m. to 5:00 p.m.

201 SE 3rd St, Ocala FL 34471

Tel 352-629-2489

Fax 352-629-1381

Email: [OEU@ocalafl.org](mailto:OEU@ocalafl.org)



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## PROGRAM CONTRIBUTION FORM

**YES**, I would like to participate in the City of Ocala's "Neighbors Who Care" program. Please add the following amount to my Municipal Services Statement each month until I notify you to make a change:

\_\_\_ \$1 per month

\_\_\_ \$2 per month

\_\_\_ \$5 per month

\_\_\_ \$\_\_\_ per month

I am adding \$\_\_\_ to my bill as my **one-time donation** to the "Neighbors Who Care" program

Name as it appears on your Municipal Services Statement \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Service Address \_\_\_\_\_

Mail, fax, or email completed contribution form to:

City of Ocala Municipal Services

201 SE 3rd St

Ocala, FL 34471

Tel 352-629-2489

Fax 352-629-1381

Email: [OEU@ocalafl.org](mailto:OEU@ocalafl.org)

Your contribution will make a difference in the lives of others. Thank you for caring!