

LaFollette Utilities
Caring Neighbors Application



**please attach copy of most recent utility bill*

Account Name: _____ Account Number: _____
 Address: _____ Home Number: _____
 City/State/Zip: _____ Work Number: _____

ENTIRE APPLICATION MUST BE COMPLETED BEFORE IT IS PROCESSED

Total Number in Household: _____ Mortgage Payment \$ _____
 Elderly _____ Rent \$ _____
 Handicapped _____ Public Housing \$ _____

CHECK ONLY WHAT APPLIES TO YOU

Employed \$ _____ Veteran's Benefits \$ _____
 Self-Employed \$ _____ Pension/Retirement \$ _____
 Unemployment Compensation \$ _____ Interest/Dividend \$ _____
 Social Security Benefits \$ _____ Food Stamps \$ _____
 Social Security Disability \$ _____ AFDC \$ _____
 Utility Allowance from Public Housing \$ _____ SSI \$ _____
 Zero Income _____ Other (specify) _____
 Amount \$ _____

PLEASE COMPLETE FOR EACH PERSON LIVING IN YOUR HOUSEHOLD

Name

(Last,First,Middle)	Relationship to Head of Household	Social Security #	Age	Monthly Income	Annual Income

******INCOME VERIFICATION ATTACHED******

TOTAL _____

I verify that I, _____, actually use and pay for utilities consumed by the account number listed above. This account is listed in the following name(s)
 _____.

I understand that it is against the law to make false statements and that I am subject to prosecution if I do. I hereby state that all statements made on this application are true and complete to the best of my knowledge. I understand that anyone who violates the provisions of this act or who knowingly gives false information required is liable to a fine of \$10,000 or imprisonment for not more than five years, or both. In addition, qualification of this program may be denied if false statements have been made.

I want to contribute \$1.00 each month to Caring Neighbors _____ **YES** _____ **NO**

Applicant comments are helpful in determining hardship situations. Please complete this section on the reverse of this form and be honest and precise with details.

I hereby give my consent to the _____ or DHS to verify all sources of income I list and also obtain necessary information concerning any resources required in order to process this application. I authorize the release of this information to LaFollette Utilities.

Customer Signature	Date	Agency Representative	Date
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Applicant comments:

Cutoff date for applications is the last day of the month. Applications received during the current month will be reviewed at the regular meeting the following month. Please make sure you have a current phone number listed on the application.

LaFollette Utilities (LUB) prohibits discrimination on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status.