

LaFollette Utilities
Caring Neighbors Application

**please attach copy of most recent utility bill*

Please complete ALL requested information. Incomplete applications may be rejected.



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 \$ _____
Employed: ___ Yes ___ No **If yes, employed by:** _____

PLEASE COMPLETE SOURCE(S) OF INCOME

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.

(Application may not be considered if any item is left blank)

