

APPLICATION FOR UTILITIES

The City of Newton will check credit to determine deposit decisions.

(List all adults living at this address)

Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Business FEIN # \_\_\_\_\_

Phone (home) \_\_\_\_\_

(cell) \_\_\_\_\_

New Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Prior Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer (name & city) \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer (name & city) \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer (name & city) \_\_\_\_\_

Have/are you (or anyone living with or moving in with you) served (or currently serving) in the U. S. military?

No \_\_\_\_\_ Yes \_\_\_\_\_ Branch of service \_\_\_\_\_ (must provide proof)

Have you, or anyone living with you (or moving in with you), previously had utility service with the City of Newton?

No \_\_\_\_\_ Yes \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

Do you, or anyone living with you (or moving in with you), currently have an outstanding balance with the City of

Newton? No \_\_\_\_\_ Yes \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_

**(If anyone living at this address has any outstanding balance with the City of Newton, all outstanding balances must be paid before utilities are connected.)**

If the charges for my utilities, including electric, water and/or sewer or any other utility furnished by the City are not paid within 45 days after due, such charges shall be deemed delinquent and thereafter such delinquent charges shall constitute a lien upon any real estate which I own in Jasper County, Illinois. I do hereby authorize the City Clerk to file with the Jasper County Recorder a Notice of Claim of lien which shall contain the legal description of the premises served, the amount of the unpaid bills, and notice that City claims a lien for this amount as well as for all charges for any utility furnished by the City subsequent to the period covered by the lien statement. I further agree that if I am not the owner of the premises to which the utilities are furnished, the City Clerk may mail a copy of the statement of claim for lien to the owner of the premises. I further agree that the property subject to a lien for unpaid utilities charges may be sold for non-payment of the same and the proceeds of such sale shall be applied to pay the charges, after deducting costs, as in the case of the foreclosure of statutory liens. The foreclosure shall be initiated and proceed in the same manner as the foreclosure of statutory liens.

**I certify that all of the household members and information I have provided is an accurate and complete disclosure of the requested information. I authorize the City of Newton to verify the above information and contact Online Utility Exchange for a credit check to determine the deposit amount required on this account. I also authorize the City of Newton to exchange information about my utility account with ERBA or any charitable organization providing financial assistance for the payment of utility charges.**

**Renters only:** As a renter, I (we) understand that account information will be shared with the landlord.

Signature \_\_\_\_\_ Photo I.D. \_\_\_\_\_

Signature \_\_\_\_\_ Photo I.D. \_\_\_\_\_

Signature \_\_\_\_\_ Photo I.D. \_\_\_\_\_

**\$350-\$500 DEPOSIT REQUIRED** (determined by credit rating) before utilities are connected.

## **RACE AND ETHNICITY DATA COLLECTION**

Title VI of the Civil Rights Act of 1964 requires “Race and Ethnic” data collection from beneficiaries of federally assisted programs. Please note “Disclosure Clause” below.

**“The following information is requested by the federal government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname”.**

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

### **Ethnicity: (Mark only one)**

Hispanic or Latino

Not Hispanic or Latino

### **Race: (Mark one or more)**

American Indian/Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

### **Gender:**

Male

Female

Information provided by Management.