

Utility Round-Up Program Application



This program was created to assist Yellow Springs residents who are in threat of disconnection of their utility services. The program is funded entirely from citizen donations. Residents may only apply once per six months. Available funds are disbursed monthly on a first-come, first-served basis. Applicants must meet the program parameters listed below.

Program Parameters

- Applicant must be at risk of utility shut-off.
- The Utility Round-Up Program may be used only once per **six** months.
- Assistance is available for up to **\$400***.
- If the past due balance exceeds \$400 (or amount approved), remaining past due balance must be paid before scheduled disconnection. Funds will not be disbursed for the Utility Round-Up Program until this is done.
- Accepted applicant must enroll in a payment plan for the remainder of the account balance, unless they can provide paperwork from their landlord prohibiting payment plans.
- All applications are due by the 20th day of the month to be eligible for consideration.

Application for Consideration

Please complete this application in its entirety, sign and date and return to the Utility Office no later than the 20th of the month. Applicants will be notified of their application status as soon as the review process is completed (this will be done prior to scheduled disconnection).

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Service Address: _____

Best Contact Number: _____ **Is it okay to leave a message? Y / N**

Account Number: _____

Applicant Qualifications

Amount Needed to Avoid Shut Off: \$ _____

***If amount is greater than \$400 do you agree that you will pay the remaining past due balance prior to your scheduled disconnection day? -Circle one: Y or N**

Please explain your circumstances surrounding the need for assistance from this program: _____

Have you used any utility assistance programs before? Yes No

If yes, what program(s)? _____

I certify that this information is true and accurate. The Village of Yellow Springs Utility Office is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein. I realize that any false information may result in the rejection of this application.

Signature: _____ Date: _____

VYS UTILITY OFFICE ONLY

Has this applicant received aid from this program in the last 6 months? Circle one: Y / N

Past Due Balance: \$ _____

Accepted by (print name): _____

Signature: _____ Date: _____

REVIEW BOARD ONLY

Application Approved? Circle one: Y / N Amount Approved: \$ _____

Approved by (print name): _____

Signature: _____ Date: _____