

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 by citizen donations. Residents may only apply once per year. Available funds are disbursed monthly on a first-come, first-served basis. Applicants must meet the program parameters listed below.

Program parameters:

- Applicant must have received a bill stating they are delinquent.
- Applicant must not have used Utility Round-Up in the last 12 months.
- Applicant **must enroll in a payment plan** for any remaining balance on the account, unless they can provide paperwork from their landlord prohibiting payment plans.
- All applications are **due by noon on the 20th day of the month** to be eligible for consideration.
- The maximum assistance that can be received is \$400; this amount is not guaranteed.

Tell us about you:

Name:	Date:
Utility Account Number:	
Home Address:	
Phone Number:	Is it ok to leave a message?
Email Address:	
How many people are in your household? _	
Person 1 Age:	
Person 2 Age:	
Person 3 Age:	
Person 4 Age:	
Person 5 Age:	
Person 6 Age:	
Please add any additional household membe	ers in the blank area above to the right.
Total Income from all sources:	
Total amount in savings:	
Total amount in checking:	

*If the amount owed is greater than the Utility Round Up assistance that you receive, do you agree that you will pay the remaining <u>past due balance</u> or apply for a payment plan prior to your scheduled disconnection day? - Circle one: Yes or No

We understand times can be tough! Please explain the circumstances surrounding your need for assistance from this program. For example, have you lost income or had unexpected expenses? :

Have you used any utility assistance programs before?	
If so, what programs?	

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 statements 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 year? 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:	