

## APPLICATION FOR UTILITIES

The City of Newton checks your credit to determine deposit decisions.

List ALL adults living at this address.

Date \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

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

Photo ID \_\_\_\_\_

Photo ID \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

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

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

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

**If anyone living at this address has an 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 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 the 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 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 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.

You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us now or in the future. Methods of contact may include using pre-recorded artificial voice messages and/or the use of an automatic dialing device, as applicable.

**I/We have read this disclosure and agree that the City of Newton and any collection service contracted by the City may contact me/us as described above.**

Initial \_\_\_\_\_

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

Initial \_\_\_\_\_

(Turn this sheet over to complete this application.)

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.

In the event your account is turned over to a collection agency and you feel that certain information is inaccurate, you may write to: Newton City Hall, Attn: Billing Clerk, 108 N Van Buren, Newton, IL 62448.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

**\$350 - \$500 DEPOSIT REQUIRED before utilities are connected.**

### **Race & Ethnicity Data Collection**

Title VI of the Civil Rights Act of 1964 requires "Race & Ethnic" data collection from beneficiaries of federally assisted programs.

Disclosure Clause: "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."

\_\_\_\_\_ I do not wish to furnish this information and understand Management is required to fill it in to the best of their ability.

#### **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  
\_\_\_\_\_ Other

\_\_\_\_\_ Information provided by Management.