



Town of Elkin
Utility Assistance Application

Town Case Number: _____ Social Security Number: _____ Date of Birth: _____

Customer Name:

Residence Address: _____
First MI Last Jr/Sr etc.

Mailing Address:

_____ Street City Zip

Phone Number: _____

Email Address: _____

Have you previously received Town of Elkin Water Assistance? Yes No If yes, most recent? _____

Are you renting your home/apartment? Yes No Other: _____

Amount due? _____ Service currently on? Yes No

Town of Elkin Utility Account Number: _____ Name on Account: _____

Reason for Assistance: _____

CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

RIGHTS AND RESPONSIBILITIES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to the best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the Town of Elkin Bill Assistance Program. I understand that the information on this form may be checked by the Federal, State, County or City reviewer and I agree to this review.

I understand that I am not guaranteed assistance. I understand that if I receive Town of Elkin Water Assistance, and have a credit balance at the time of service termination, the funds will be returned to the Town of Elkin.

Signature – Applicant

Date