Just sign the bottom and if the time comes that you need utility assistance we will need account numbers.

Utility Account Information

**Electric**
- Name on Account: [ ]
- Number: [ ]
- Company Name: [ ]
- Billing Period: [ ]
- Amount Past Due: [ ]
- Is this utility currently disconnected or scheduled for disconnect? [ ]

**Internet / Phone Service** (not cell phone bills)
- Name on Account: [ ]
- Account Number: [ ]
- Company: [ ]
- Billi[ ]
- Period: [ ]
- Amount Past Due: [ ]
- Is this utility currently disconnected or scheduled for disconnect? [ ]

**Gas** (if separate)
- Name on Account: [ ]
- Account Number: [ ]
- Company: [ ]
- Billing Period: [ ]
- Amount Past Due: [ ]
- Is this utility currently disconnected or scheduled for disconnect? [ ]

**Bank, Mortgage Holder, Contract for Deed Holder, Etc.**

________________________________________________________________________

Amount Past Due: [ ]

Is this utility currently disconnected or scheduled for disconnect? [ ]

YES

NO
Propane/Oil/Bulk Wood, etc..

Name on Account:  

Account Number:  

Company Name:  

Billing Period:  

Amount Past Due:  

Do you have an eviction notice or at risk of being evicted?  

YES  NO  

Any other Past Due accounts that may put you in jeopardy of loss of Home, of Ownership.

Please state other past due accounts:

__________________________________________________________________  

____________________________________________________________________________________  

I am requesting assistance for the Mortgage, Contract for Deed, utility, and other costs through this application through Leech Lake Homeowners Assistance Program. I understand any payments are subject to Proof of Home Ownership, program eligibility, adequate verification, and available resources. The applicant and any co-applicants and residents 18 years and older (if any) (the "household") authorizes all people entities, or organizations identified as holding a debt for which assistance is sought to share, release, discuss, and other provide all information needed to process the application with all government entities, program administrators, and contractors administering and/or processing applications under the LLBO Homeowners Assistance Program. The household agrees to execute any additional release of information that may be deemed necessary to process the application.

___________________________________________________________________  

Print Name

(Legible), Signature and Date