

Housing Authority

UTILITY VERIFICATION FORM

Name of Applicant: _____ PHA file # _____

Current Address _____

Name of Utility Supplier _____

Utilities Provided Electricity. Gas Water Other

Dates of Applicant's Service: From _____ To _____

A. Average amount of monthly bill: \$ _____

B. Does (did) applicant pay on time? YES NO

C. Has(had) he/she ever paid late? YES NO

How late? _____ How often? _____

D. Have (had) you ever begun/completed disconnection for non-payment? YES NO

E. At what other addresses has this applicant had utility service?

F. Has any utility equipment been damaged at this unit? YES NO

G. Will you keep the applicant's utility deposit? YES NO

H. Can this applicant get utility service in his/her name in the future? YES NO

Signature of Utility Co. Representative _____ Date _____

Telephone Number _____

I _____ authorize the release of the information requested on this form.

Signature _____ Date _____