## Form 75 Application For Free Utility Connection

I. Applicant		Social Secu	ırity No.	
Street Address			Age	
Telephone _				
II. Household Compo	osition:			
	cupant (other than payin	g boarders) who r		e location.
Occupant(s)	Name		Relationship	Age
2				
3				
4				
5				
6 7				
8				
	me based on the previous cial Security, indicate the Social Security number	-	Number(s).  Monthly amount	Annual amount
			(gross)	(gross)
IV. Home Ownership	:			
Do you own your home	e? Yes \[ \] No \[ \]	If no, whom	do you rent from?	
	(Name, address an	d telephone numb	er)	
How much rent do you Has your rent changed	pay each month? \$during the past 12 month	ns? Yes	No 🗌	

Note: Rental units will not be approved for connection unless the property owner signs a Rent Control Agreement and a Temporary Construction Easement and Hookup Agreement.

Applicant signature	Date	
APPLICATION REVIEW	W COMMENTS	
Application Reviewer:		
Application Number:		
Review Date:		
Gross Annual Income Verified: \$		
Eligible		
If ineligible, state reason:		
Date applicant notified:		
Additional comments:		