

### Utility/Fuel Account Information Request

Applicant name:			Application date:
Address:			Phone:
City:	State: <b>IN</b>	Zip:	Utility/fuel provider:

The requesting agency listed below has obtained a signed release of information from the above-named applicant authorizing the release of this information in accordance with the Memorandum of Agreement.

#### To be Completed by Utility/Fuel Provider ONLY

Utility/fuel type:	<input type="checkbox"/> Electric <input type="checkbox"/> Prepaid Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other: _____		
Billing name:	_____		
Service/Delivery Address:	_____		
Account Number:	_____		
Account type:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Single-site or multi-site account?	<input type="checkbox"/> Single site <input type="checkbox"/> Multi-site
Total amount due/account balance as of application date above:		Is any portion of balance a deposit or other unallowable cost? If yes, amount of unallowable costs?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____
Is the account scheduled for disconnection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, scheduled disconnection date and amount needed to cancel disconnection?	Date: _____ Amount: _____
Is the account enrolled in a payment plan to mitigate an arrearage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the remaining agreement balance <b>as of the application date above</b> ?	Amount: _____

#### All Contact Information for utility/fuel provider representative **REQUIRED**

Printed name of individual completing form:	Job title of individual completing form:
Signature of individual completing form:	Date:
Business telephone/extension:	Business e-mail:

**Please return this completed form to the requesting agency:** IndyEAP - John Boner Neighborhood Centers

Address: PO Box 11469 Indianapolis, IN 46201

E-mail address: indyeap@jbncenters.org or Fax number: 463-270-4714