



CITY OF RENSSELAER

RENSSELAER, INDIANA

RESIDENTIAL APPLICATION

APPLICANT INFORMATION					
Name:					
Alias / Maiden Name:					
Mailing Address:					
SSN:	Driver License #:			DOB:	
Phone #:			Alternate #:		
Email Address:					
CO-APPLICANT INFORMATION					
Name:					
Alias / Maiden Name:					
SSN:	Driver License #:			DOB:	
Phone #:			Alternate #:		
Email Address:					
BILLING AND PAYMENT INFORMATION					
Bill: (Please circle) Paper / E-Bill / Both			Automatic Debit: (Please circle) Yes / No		
SERVICES REQUESTED					
Service Address:					
(Please circle) Own Rent					
Service(s): (Please circle)					
Electric	Security Light	Gas	Water	Sprinkler	Sewage
PRIORITY SERVICE is available to customers who are prescribed medical devices by a physician and require expedited reconnection during power outages. Do you require this service? (Please circle) Yes or No					
ACCOUNT SECURITY					
Password:			Hint:		
Authorized Users have permission to obtain information pertaining to billing & payment history and work order information. *Only the applicant may make changes to the services or close the account.					
1)			Phone #:		
2)			Phone #:		
3)			Phone #:		
4)			Phone #:		
APPLICATION INFORMATION CONTINUED					
PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS.					
I agree to have a credit risk assessment report ran through Online Utility Exchange. The information obtained is used to verify identification and determine the required _____ meter deposit(s). This inquiry does not adversely affect your credit file.					
The City of Rensselaer is authorize to communicate important information to me and _____ listed authorized users, through telephone calls, text messages or emails.					
Each utility account is assessed minimum charges and an environmental fee monthly. _____ I agreed to pay the fees charged in accordance to the City Ordinances.					

CONTINUED ON BACK SIDE

_____ Meter deposits will automatically be applied to the final invoice. Any credit shall be refunded to Customer. If there is a balance due, it is Customer's responsibility to pay in full or make payment arrangements.

_____ Should the account become delinquent and require collection efforts, this information may be shared with Online Utility Exchange. Furthermore, if legal action is necessary to collect amounts due under the account, the undersigned consents to the jurisdiction of the Jasper County Indiana courts.

_____ I have read the above information and duly attest that the above responses are true. I understand that misrepresentation or omission of any facts or information called for on this application is subject to any and all City of Rensselaer Codes and/or ordinance(s). I understand that if such information is found to be false (fraudulent), the City will be bound to resolve this matter in accordance to its policies, codes, and/or ordinances, which may include any necessary fees or fines.

Applicant Signature:	Date
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Co-Applicant Signature:	Date
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The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applications on the basis of visual observation or surname.

_____ **I do not wish to furnish this information**

<p>Applicant</p> <p>Sex:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>Race: (Mark all that apply)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>	<p>Co-Applicant</p> <p>Sex:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>Race: (Mark all that apply)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>
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For Office Use Only:

Credit Report #:	Clerk Initials:
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Deposits Required: (Circle One)	Standard	High Risk
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Clerk initials and date completed

Scanned:	CUBIC:	WO#:	Laserfiche:
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This institution is an equal opportunity provider and employer.