



APPLICATION FOR EXTENSION CITY OF BURNET

Name: _____ Date: _____ Utility Account No. _____

Address: _____ Requested Extension Date: _____

Home Phone: _____ Work Phone: _____ Amount Owed: _____

New applicant Check here if you have applied previously Enter date previously applied _____

Check whichever is applicable: Home owner (or buying) Renter For how long? _____ Years _____ Months

List All Household Members

	Name	Age	Handicap
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

List the number beside each household member who has received income in the last 30 days. If employed, include only income actually earned in the last 30 days.

No.	Source of Income	Amount Received
Total Income		\$

Verification of Household Income: (If no longer working, you must verify last date worked). _____

Reason assistance is needed: _____

Have you exhausted all other sources of community help before making this application? Yes No

If yes, who have you contacted for help? _____

CERTIFICATION (*La CERTIFICACION*)

I certify that the information provided is true and correct to the best of my knowledge and belief. (*Certifico que la información proporcionó es verdad y correcto al mejor de mi conocimiento y la creencia.*)

Applicant Signature (*La Firma del solicitante*)

Date (*Fecha*)

These organizations can be contacted for help:
Neighborhood Center 756-4334, LaCare 756-4422 (Wed. & Fri.), Salvation Army 756-2128

