

CITY OF NEWTON  
108 NORTH VAN BUREN ST. RM. A  
NEWTON, ILLINOIS 62448  
PHONE (618) 783-8451

APPLICATION FOR UTILITIES

THE CITY OF NEWTON WILL CHECK CREDIT TO DETERMINE DEPOSIT DECISIONS.

(List all adults living at this address) Date \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

New Address \_\_\_\_\_ Property Owner \_\_\_\_\_

Prior Address \_\_\_\_\_

Have you, or anyone living with you (or moving in with you), previously had utility service with the City of Newton? Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

Do you, or anyone living with you (or moving in with you), currently have an outstanding balance with the City of Newton? Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

(If anyone living at this address has any outstanding balance with the City of Newton, all outstanding balances must be paid before utilities are connected.)

**I certify that all of the household members and information I have provided is an accurate and complete disclosure of the requested information. I authorize the City of Newton to verify the above information and contact Online Utility Exchange for a credit check to determine the deposit amount required on this account. I also authorize the City of Newton to exchange information about my utility account with ERBA or any charitable organization providing financial assistance for the payment of utility charges.**

Signature \_\_\_\_\_ Photo I.D. \_\_\_\_\_  
Signature \_\_\_\_\_ Photo I.D. \_\_\_\_\_  
Signature \_\_\_\_\_ Photo I.D. \_\_\_\_\_

**\$350-\$500 DEPOSIT REQUIRED** (determined by credit rating) before utilities are connected.

**Renters only:** As a renter, I (we) understand that account information will be shared with the landlord.

## **RACE AND ETHNICITY DATA COLLECTION**

Title VI of the Civil Rights Act of 1964 requires "Race and Ethnic" data collection from beneficiaries of federally assisted programs. Please note "Disclosure Clause" below.

**"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 the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname".**

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

### **Ethnicity: (Mark only one)**

Hispanic or Latino

Not Hispanic or Latino

### **Race: (Mark one or more)**

American Indian/Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

### **Gender:**

Male

Female

Information provided by Management.