

**SENIOR CITIZEN PAYMENT PLAN
APPLICATION FORM**

Name _____

Address _____

Phone No. _____

Account No. _____

Social Security No. _____

Birthdate _____ Age _____

Primary Source Of Income: Soc. Sec. _____

Retirement _____ Social Security Disability _____

**PLEASE READ THE FOLLOWING QUALIFICATIONS AND SIGN
BELOW:**

QUALIFICATIONS:

- _The applicant must be 62 years of age or older or receive social security disability payments. (documentation of disability required if under 62 years of age)
- _The account must be in the applicants' name and record service for primary residence and/or water pump for that residence.
- _The applicant's primary source of income must be either Social Security, Retirement plan, or Disability.

I, the undersigned, do hereby attest that I meet all of the above qualifications and am, therefore eligible for Hart Electric Membership Corporation's Senior Citizen Payment Plan. I understand that I will not be charged a late fee for payment of my account beyond the due date on my bill but that I am governed by all remaining rules and regulations as they pertain to payment of my account.

Signature of Applicant

Date