



# Hart Electric Membership Corporation

P.O. Box 250 • Hartwell, Georgia 30643-0250 • (706) 376-4714 • 800-241-4109

Serving  
• Hart  
• Elbert  
• Franklin  
• Madison  
• Stephens  
• Banks  
Counties

## Penalty Exemption Form

Please read the following qualifications, complete required information, 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 applicant is less than 62 years of age.)**
- The account must be in the applicant's name and must be the primary residence and/or the water pump for the primary residence of the applicant.
- The applicant's primary source of income must be social security, social security disability, or some form of retirement plan.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Source of Income: Social Security Disability: \_\_\_\_\_  
Retirement: \_\_\_\_\_ Social Security: \_\_\_\_\_

I, the undersigned, do hereby attest that I meet all the above qualifications and am, therefore eligible for penalty exemption at Hart Electric Membership Corporation. I understand that I will not be charged a \$5.00 penalty fee for payment 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*(signature required for processing)