

# On Bill Finance Program



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## Application for Main Street On-Bill Financing Program

### Applicant

Full Name		Date of Birth	
Home Address			
Mailing Address (if different)			
City	State	Zip	Do you occupy this residence?
Do you own this residence?		Home Phone Number	
How long at this address?			

### Applicant's Employment Information

Name of Employer		How long at this job?	
Work Address		Work Number	
City	State	Zip	Job or Position
Monthly wages or salary?		Have you filed or are you filing for bankruptcy?	
Optional: Other sources of income and amount (alimony, child support, other)?			
Any judgments against your income? If so, how much monthly?			

### Income Other Than Applicant's (Optional)

Full Name		Date of Birth	
Relationship to Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Other			
Name of Employer		How long at this job?	
Work Address		Work Number	
City	State	Zip	Job or Position
Monthly wages or salary?		Have you filed or are you filing for bankruptcy?	
Optional: Other sources of income and amount (alimony, child support, other)?			
Any judgments against your income? If so, how much monthly?			

### By Signing Below the Applicant Certifies the Information In This Application is True and Complete

- I own the residence in which the installation or improvements will be done
- I authorize the city to check my credit and employment history to determine creditworthiness
- I agree to pay the loan in full if the residence where the improvements are made is sold prior to the loan term expiration
- I agree to follow all the guidelines of the Main Street Financing Program

Applicant's Signature		Date	Qualified Contractor
Requested Terms:	\$	Months	Monthly Payment + \$3.00 Admin Charge
<b>INTERNAL</b>	24 Month Utility Payment History		Credit Rating
Approved By (Authorized Program Supervisor):	Date Loan Issued	Date Work Inspected	