

WELCH PUBLIC WORKS AUTHORITY
UTILITY ACCOUNT APPLICATION

Date: _____

NAME: _____

DOB: _____ SSN#: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone #: _____

Do you own: _____ Rent: _____ property?

of adults in Household _____ # of Children: _____

*****OFFICE USE ONLY

Account # _____ Service Address: _____

Rates: _____ Deposit made: \$ _____ on _____

Water _____ Sewer _____ Trash _____ FD _____

Please include copy of Driver's License.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W., Washington, D.C., 20250-9410 or call (800)795-3272 (voice) or (202)-720-6382 (TDD)."

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant Programs In order to monitor borrower/grantee compliance with Civil Rights Act of 1964. you are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

I do not wish to furnish this information.

Race/National Origin:
(Select one or more)

- American Indian or Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander
 Black or African American
 Hispanic or Latino
 White
 Other (specify) _____

Sex: Female Male

CO-APPLICANT

I do not wish to furnish this information

Race/National Origin:
(Select one or more)

- American Indian or Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander
 Black or African American
 Hispanic or Latino
 White
 Other (specify) _____

Sex: Female Male

TO BE COMPLETED BY INTERVIEWER:

This application was taken by: face to face interview by telephone by mail

Applicant's Name: (print or type) _____

Co-Applicant's Name: (print or type) _____

Interviewer's Name: (print or type) _____

Interviewer's Signature: _____

DATE: _____