Harnett County – Utilities Access Program Application For questions concerning the application or program, call 910-893-7536.

PLEASE PRINT CLEARLY

Applicant's Name:						
Physical Address/Location of Home:						
Mailing Address:						
Telephone Number: Home: Ce	ell:					
Driver License Number/State: Please provide a copy of Driver License						
Is applicant's name the same as the homeowner's name?	YES NO					
If NO, name of homeowner:						
Does the applicant share ownership of the above property? Proof of ownership is required. (Ex. Deed of Trust)	YES NO					
Is applicant a single-parent?	YES NO					
Property Taxes have been paid? Total gross (before taxes) household income per month: (Include income of all adult members of the household ar	YES NO	ocial				
(Include income of all adult members of the household, and provide documentation. Examples: Pay Stubs, Social						

Security Letters, Bank Statements, or W-4 Statements from previous year.)

List All People Living in the Home:		*If YES, describe below			
		Criminal	Disable	Head of Household	
Name	Age	History (Yes/No)	(Yes/No)	(Yes/No)	
1.					
2.					
3.					
4.					
5.					
6.					

If Yes:

Describe Criminal History:

Describe disability:

Homeowner's Signature & Date:

Return completed form to: (Incor	nplete forr	ns will not be process	sed.)		
Mailing: Harnett County General	Services	Hand Delivery: Harnett County Facilities and Services			
Attn: Anna Peele		Attn: Anna Peele			
P.O. Box 940		200 Alexander Drive			
Lillington, NC 27546		Lillington, NC 27546			
Phone: 910-893-7536	Fax:	910-814-8263	Email:	apeele@harnett.org	