



# APPLICATION FOR EXTENSION CITY OF BURNET

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Utility Account No. \_\_\_\_\_

Address: \_\_\_\_\_ Requested Extension Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

New applicant       Check here if you have applied previously      Enter date previously applied \_\_\_\_\_

Check whichever is applicable:     Home owner (or buying)     Renter    For how long? \_\_\_\_\_ Years \_\_\_\_\_ Months

List All Household Members

	Name	Age	Handicap
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

List the number beside each household member who has received income in the last 30 days. If employed, include only income actually earned in the last 30 days.

No.	Source of Income	Amount Received
<b>Total Income</b>		\$

Reason assistance is needed: \_\_\_\_\_

Have you exhausted all other sources of community help before making this application?     Yes       No

If yes, who have you contacted for help? \_\_\_\_\_

**CERTIFICATION** (*La CERTIFICACION*)

I certify that the information provided is true and correct to the best of my knowledge and belief. (*Certifico que la información proporcionó es verdad y correcto al mejor de mi conocimiento y la creencia.*)

\_\_\_\_\_  
Applicant Signature (*La Firma del solicitante*)

\_\_\_\_\_  
Date (*Fecha*)

These organizations can be contacted for help:  
Neighborhood Center 756-4334, LaCare 756-4422 (Wed. & Fri.), Salvation Army 756-2128

