



Application for City of Cherryville Hardship Rebate

Name of Applicant: _____

Address: _____

Telephone: _____

Name of other person(s) residing in household:

I am a customer of the City of Cherryville and the electric service is in my name.

Yes _____ No _____

Total monthly benefit, including Social Security, other retirement and interest income in the total amount of \$ _____

My total gross annual income, including the gross annual income from all persons residing in my household does not exceed \$12,000.00.

Yes _____ No _____

I hereby affirm that this application including all the above statements has been examined by me and to the best of my knowledge and belief is true and complete. I understand that the burden of proof of all the above information is upon undersigned.

Date of Application: _____

Applicant's Signature: _____

Sworn to and subscribed before me this _____ day of _____ 20 ____.

Notary Public

My Commission Expires: _____

Date Approved/Disapproved: _____

Approved/Disapproved By: _____