

**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: \_\_\_\_\_ Cell: \_\_\_\_\_

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? YES \_\_\_ NO \_\_\_

**Proof of ownership is required. (Ex. Deed of Trust)**

Is applicant a single-parent? YES \_\_\_ NO \_\_\_

Property Taxes have been paid? YES \_\_\_ NO \_\_\_

**Total gross (before taxes) household income per month:** \_\_\_\_\_

(Include income of all adult members of the household, and provide documentation. Examples: Pay Stubs, Social Security Letters, Bank Statements, or W-2 Statements from previous year.)

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

**If Yes:**

**Describe Criminal History:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe disability:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Homeowner's Signature & Date:**

Return **completed** form to: **(Incomplete forms will not be processed.)**

**Mailing:** Harnett County General Services  
 Attn: Anna Peele  
 P.O. Box 940  
 Lillington, NC 27546

**Hand Delivery:** Harnett County Facilities and Services  
 Attn: Anna Peele  
 200 Alexander Drive  
 Lillington, NC 27546

**Phone: 910-893-7536**

**Fax: 910-661-0418**

**Email: apeeel@harnett.org**