

## UTILITY ARREARS REPAYMENT AGREEMENT

### (ELIGIBILITY WORKSHEET AND AGREEMENT)

1. APPLICANT INFORMATION

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Case Number: \_\_\_\_\_ Case Category: \_\_\_\_\_

B. Is applicant the customer of record?

Yes. Proceed

No. The customer of record must come in to apply.

C. Household size:

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

(Include all persons residing in the applicant's house or apartment and their social security numbers)

D. Is the customer of record in receipt of TA or SSI (or additional State payments) on the date of application?

Yes, Repayment Agreement **not** required (regardless of category of assistance under which the arrears are paid).

No, proceed to E.

E. Household's gross monthly income on the date of application is \$\_\_\_\_\_.  
(include all earned and unearned income for all persons residing in the house or apartment)

For employed persons, include the name, address and telephone number of the employers(s) beside the person's name.

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

F. TA standard of need for the household size in 1.C \$ \_\_\_\_\_

This is the sum of the following 6 items:

1. Basic Allowance (Schedule SA-2a) \_\_\_\_\_
2. Home Energy Allowance (Schedule SA-2b) \_\_\_\_\_
3. Supplemental Home Energy Allowance (Schedule SA-2c) \_\_\_\_\_
4. Shelter Allowance as paid, not to exceed maximum amount in Department regulation 352.3(a) \_\_\_\_\_
5. Heating Allowance if the applicant is the tenant and customer of record for the residential heating bill (Schedules SA-6a, SA-6b or SA-6c) \_\_\_\_\_
6. If applicable, the additional cost of meals for persons unable to prepare meals at home (Schedule SA-5) \_\_\_\_\_

G. Is "E" (gross monthly income) greater than "F" (TA) monthly standard of need)?

No, Repayment Agreement **not** required.

Yes, Repayment Agreement is required; **proceed to Part 2**

### 1. REPAYMENT AGREEMENT

I understand that as a condition of eligibility for receiving utility arrears assistance, I agree to repay the \_\_\_\_\_ Department of Social Services the following amount: \$ \_\_\_\_\_ utility arrears assistance to restore service or to prevent termination.

I agree to repay this amount within twenty-four (24) months. I will repay the assistance, in full, in installments of \$ \_\_\_\_\_ per \_\_\_\_\_ (month, bi-weekly etc.).

Each installment must be received by the \_\_\_\_\_ Department of Social Services on or before the \_\_\_\_\_ of each \_\_\_\_\_. The first installment is due on or before \_\_\_\_\_ (enter date).

The payments must be sent to:

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

I understand that I will not be eligible for subsequent utility arrears assistance to restore service or prevent termination unless I have fully repaid any prior utility arrears payments that were subject to repayment; or I am repaying this assistance in accordance with the terms of any Repayment Agreement(s); or my household's income is below the Temporary Assistance standard of need for my household size as of the date of application for such subsequent assistance. I also understand that if I fail to repay this assistance within the twenty-four (24) month period, the \_\_\_\_\_ Department of Social Services will enforce this Repayment Agreement by any method available to a creditor. This includes, but is not limited to, referring the matter to a collection agency, obtaining a judgment from a court, obtaining a lien on real property or garnishing wages in appropriate cases.

I understand that the \_\_\_\_\_ Department of Social Services also has the right to require that I sign a lien on my real property for receiving a utility arrears payment authorized under Emergency Safety Net Assistance or Emergency Assistance to Families. If a lien is taken, that portion which represents this arrears payment will be reduced by payments made under this agreement.

If I later become eligible for recurring Temporary Assistance, any unpaid balance of this arrears payment will be suspended until I am no longer receiving recurring Temporary Assistance. At that time, the unpaid balance will become due to the \_\_\_\_\_ Department of Social Services under the terms of this agreement.

I understand that by signing this form, I agree to all of the above conditions.

Signature(s) of Applicants

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(spouse)

Signature of Designated Agency Personnel

Date

\_\_\_\_\_

\_\_\_\_\_