



CITY OF ISHPEMING HARDSHIP/INABILITY TO PAY APPLICATION

This form is for those individuals who are unable to pay their City of Ishpeming utility bill in full by the designated due date, and who are unable to utilize the Extension Application. This application may be used to delay payment up to 2 months from the Disconnect Date on the current utility bill. Please return signed form with proof of identity to Ishpeming City Hall 100 E. Division St. Ishpeming, MI 49849. (906) 485-1091

Today's Date: _____ Account #: _____

Name: _____

Address: _____

Phone#: _____

Homeowner

Rent Landlord: _____

Phone#: _____

Place of Employment: _____

Annual Income: \$ _____

Reason for inability to pay:

Date Extension Expires: _____ (no more than 2 months from Disconnect Date on the current utility bill)

Have you filed a Hardship/Inability to Pay Application before? _____

If so, when? _____

How many individuals are residing in the house/apartment? Please list with ages:



Please note:

- Applications will not be accepted without Proof of Identity
- **One application per household address, per year.**
- Application must be received no later than Disconnect Date on current utility bill.
- The City does not monitor partial payments. It is your responsibility to submit in full, payments due.
- Application must be completed and turned in prior to the issue of the Public Notice of Disconnect.
- If application is rejected, a Temporary Extension Application may be submitted.

I understand that while my due date has been extended, any past due balance will still incur a 5% penalty per month. Any penalties, late fees, & interest fees are to be paid in full by the extension deadline. I also acknowledge that if my account balance is not paid in full by the extension deadline that the City will issue a Public Notice of Disconnect on my residence. I understand that I will have 72 hours to pay the balance in full or my service will be disconnected. To reconnect service, the past due balance, \$50 fee for Public Notice of Disconnect, and the current Turn Off/Turn On fee must be paid in full.

Signature:

Date: _____

For Staff Use Only

Driver's License

Application Status:

ACCEPTED DENIED

Staff Initials: _____ Date received: _____

Expiration Date: _____

Notes: