**It’s as easy as 1, 2, 3 to get hooked up with up to 60 months of 0% interest for purchases (including materials & labor) up to $7500.00.**

Payments are simply added to your monthly City of Dublin water & sanitation bill.

|  |  |
| --- | --- |
| **Applicant** |  |
| Name: | Date of Birth: |
| Address: |  |
| Mailing (if different) |  |
| City, State, Zip Code: | Do you occupy this residence? |
| Phone Number: | Do you own this residence? |
| How long have you lived at this address? |  |
| **Applicant’s Employment Information** |  |
| Name of Employer: | How long at this job? |
| Work Address: | Work phone: |
| City, State, Zip Code: | Job Title: |
| Monthly wages or salary: | Have you filed or are you filing for bankruptcy? |
| Optional: Other sources of income & amount? |  |
| Any judgments against your income? If so, how much monthly? |  |
| **Income Other Than the Applicant’s (Optional)** |  |
| Full Name: | Date of Birth: |
| Relationship to Applicant: Married ⃝ Separated ⃝ Other: | ⃝ |
| Name of Employer: | How long at this job? |
| Work Address: | Work phone: |
| City, State, Zip Code: | Job Title: |
| Monthly wages or salary: | Have you filed or are you filing for bankruptcy? |
| Optional: Other sources of income & amount? |  |
| Any judgments against your income? If so, how much monthly? |  |

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| --- |
| **By signing below, the applicant certifies the information in this application is true and complete.** |

* I own the residence in which the installation or improvements will be done.
* I authorize the City of Dublin to check my credit and employment history to determine creditworthiness.
* I agree to pay the loan in full if the residence where the improvements are made is sold prior to the loan term expiration.
* I agree to follow all the guidelines of the Dublin Natural Gas on-bill financing program.

|  |  |
| --- | --- |
| Applicant Signature: | Date: |

**For office use**

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| Qualified Contractor: |
| Requested Terms: $ Months Monthly payment + $3.00 Admin charge |

24 months utility history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by authorized program supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date loan issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have questions? Call or email us at 478-277-5048 or bakery@dublinga.org**

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