



TOWN OF STAR VALLEY

WATER DEPARTMENT

3675 E. Highway 260

Star Valley, AZ 85541

Phone: (928) 472-7752

Fax: (928) 472-7795

FINANCIAL HARDSHIP FORM

Instructions: Please complete all areas of this form which apply to your household.

PART 1	HOUSEHOLD INFORMATION
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Customer Name: _____

Account #: _____

Address: _____

Telephone: Home _____ Mobile _____

Names/Relationship of Other Household Members: _____

PART 2	MONTHLY INCOME
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Income	You	Other	Total
Wages, Salaries, Bonuses, Tips			
Alimony/Child Support Payments Received			
Retirement Funds			
Social Security Income			
Unemployment Income			
Workers Comp. Income			
Disability/Sick Leave Income			
Income from Business, After Operating Expenses			
Job-Related Income Exchange (Room, Board, Etc.)			
Foster Care Income for Children or Adults			
Lump Sum Settlement Specified for Medical Expenses			
Other:			

Total Monthly Income, All Sources	\$	\$	\$
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PART 3	MONTHLY EXPENSES
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HOUSING

Mortgage/Rent	\$ _____
Property Taxes /Homeowner or Renters Insurance	\$ _____
Electric/Natural Gas	\$ _____
Telephone	\$ _____
Cable TV	\$ _____
Other: _____	\$ _____
_____	\$ _____

TRANSPORTATION

Car Payments	\$ _____
Auto Insurance	\$ _____
Gas/Maintenance	\$ _____
Bus	\$ _____
Parking	\$ _____

Other: _____ \$ _____
_____ \$ _____

MISCELLANEOUS

Groceries \$ _____
Medical Payments \$ _____
Dental Payments \$ _____
Prescriptions \$ _____
Entertainment \$ _____
Other: _____ \$ _____
_____ \$ _____

INSTALLMENT PAYMENTS – Credit Cards, Loans, Etc.

Description:
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

PART 4

PAYMENT PLAN

Please briefly explain your situation, and if/or when you would be able to make payment:

Estimated Monthly Payment Amount: \$ _____

Monthly Payment Date: _____

Date: _____

Signature of Responsible Party

STATE OF ARIZONA)

) ss.

County of Gila

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SUBSCRIBED AND SWORN to before me this _____ day of _____, 2012, by _____

Notary Public

My Commission Expires:
