

Account No:

Service Address:

Balance Due:

Personal Information

Name:	
Mailing Address:	
Email Address: *	
Telephone Number:	
Dependent (Include Name and Age)	
Dependent (Include Name and Age)	
Dependent (Include Name and Age)	
Dependent (Include Name and Age)	
Dependent (Include Name and Age)	
Dependent (Include Name and Age)	

*If for privacy or other concerns, you do not authorize the Borough to communicate with you via email, do not provide an email address.

Income	Amount per Month	Source of Income
Income:		
Income:		
Income:		
Rental Income:		
Other Income:		

Assets	Value
401K:	
CD or Savings Account:	
Real Estate:	

I believe these additional circumstances affect my ability to pay:

Expenses	Amount per Month	Additional Comments (upcoming increases/decreases, etc.)
Mortgage Payment		
Rent Payment		
Car Payment		
Car Payment		
Car Insurance		
Other Loan Payment		
Credit Card Payment		
Credit Card Payment		
Credit Card Payment		
Support Payments		
Heating Bill		
Electric Bill		
Water Bill		
Sewer & Trash Bill		
Home Phone Bill		
Internet Bill		
Cable Bill		
Cell Phone Bill		
Medical Bills		
Prescriptions		
Medical Insurance		
Other Insurance		
Groceries		
Other Bills		
Other Bills		
Other Bills		
Other Bills		
MONTHLY PAYMENT PROPOSAL:		
I propose to pay the below amount per month.	I propose to send payment by this day of each month.	I propose to send my 1st payment by this date:

I, _____, understand that I have a continuing obligation to inform the Borough of any improvement to financial circumstances which would permit payment of the delinquent balance herein. I verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature: _____ **Date:** _____

Kindly complete the application in its entirety and return to the above Borough Office.