

**Central Missouri Community Action
Non-Energy Payment Agreement Form**

Date: _____ Acct/Member #: _____

Applicant Name: _____ Name on Bill: _____

Social Security #: ____/____/____ Social Security #: ____/____/____

Phone Number: (____) _____ - _____

Street Address: _____

City, State and Zip: _____

Your utility bill contains charges that CMCA cannot pay under our Energy Assistance Program. In order for you to receive Energy Assistance you must first pay for the non-energy charges.

If you do not make your non-energy payment, we will not be able to pay on your account, and your application for Energy Assistance **could be denied**. You may re-apply, but you will still need to comply with our non-energy payment policy.

By signing below, I acknowledge that the above has been explained to me and that I understand my responsibilities in order to receive Energy Assistance from CMCA.

(Signature of Applicant or other Household Member) (Date)

** This Bottom Portion is to be Completed by the Utility Company **

Verification of Co-Payment

Supplier Name / Utility Company Acct/Member #: _____

Past-due Non-Electric \$ _____

Past-due Electric \$ _____

Reminder Notice
Final Pay Date: _____

Supplier/Utility Company Worker's Name: _____

Today's Date: _____