



BOROUGH of QUAKERTOWN

TENANT/LANDLORD BUDGET AGREEMENT

Tenant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
How Long at Current Address:	Account:	
Previous address:		
City:	State:	ZIP:
Owned Rented (Please circle)	How long at Previous Address:	

Employment Information

Employer Name:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP:

Landlord Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP:

Landlord Certification

My signature below verifies that:

My Tenant listed above has lived at the above location for a minimum of one year.

My Tenant listed above has a zero (\$0) account balance and must be twelve months delinquent free.

My Tenant listed above will pay the above budget amount every month on or before the due date. A missed or late payment will result in removal from the budget program and subject to penalties for the delinquent balance.

My Tenant listed above is aware that the account will be annually audited and adjustments may be made to the calculated budget amount if necessary. At which time, a new agreement must be completed.

I acknowledge and agree to permit the above identified tenant to participate in the electric utility billing budget program for the above identified property that I own, and I do understand and agree that if such account is delinquent, that I am responsible for the balance, including penalties and interest of said delinquent account and that the electric utility will not be restored until such time the balance of the account is paid in full.

Signature of Tenant:	Date:
Signature of Landlord:	Date:

Utility Billing Verification

To be Completed by the Borough of Quakertown

Current Payment Status	Y N	Accepted into Plan	Y N	Monthly Budget Payment \$
Authorization:				Date: