



# Military Service Personnel Application for Protection from Disconnection

Customer Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

RPU Account Number: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

Number of persons in Household: \_\_\_\_\_ Total Annual Income of All Persons in Household: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

*To be considered for Military Service Personnel protection, please include proof of household's monthly or annual gross income and proof of military orders.*

**Please check the type of income verification enclosed with this application for all people in your household:**

- Most recent payroll stubs
- Social Security/Social Security Disability
- A current copy of unemployment benefits
- Proof of General Assistance
- Pension/retirement benefits statement
- Proof of Medical Assistance
- Income tax return of previous year
- Proof of Energy Assistance
- Other: \_\_\_\_\_

**I am willing to make the following payment arrangements with Rochester Public Utilities:**

Amount to pay: \_\_\_\_\_ each (*check one*):  week  month

*Or, as an alternative, please attach a schedule of your proposed payment arrangements.*

By typing my first and last names below, I certify this information is true and correct. I give my permission to Rochester Public Utilities to exchange information with my other energy providers, or public assistance agencies that serve me, for the purpose of program qualification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***On behalf of all RPU employees, thank you for your service to our country!***