



City of Homestead
Application For Utility Service(s)
Active Duty / Reserve / Honorably Discharged
Military Service Personnel

PRIMARY APPLICANT – ACTIVE DUTY / RESERVE MILITARY PERSONNEL

Last Name:	First Name:	Middle:
Driver's License:	SSN:	Date of Birth:
Telephone Number:	Email:	Military ID:

Department of the:

CO-APPLICANT

Last Name:	First Name:	Relationship:
SSN:	Driver's License:	State:

DOUBLE NOTICE INFORMATION

The Primary Applicant above elects to participate in the Waiver of Deposits for Active Duty / Reserve Military Personnel program. Please provide the following contact information for the housing officer:

Contact Name	Contact Phone Number
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Address

SERVICE LOCATION INFORMATION

<input type="checkbox"/> NEW ACCOUNT	<input type="checkbox"/> TRANSFER ACCOUNT	<input type="checkbox"/> TEMPORARY ACCOUNT
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Service Address:	ZIP Code:
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Mailing Address (If different from Service Address):	City/State:	ZIP Code:
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Please provide copy of documents: <input type="checkbox"/> Owner Closing Date: _____ <input type="checkbox"/> Tenant Lease Start Date: _____ <input type="checkbox"/> Realtor Service Start Date:	Services Applied for: <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Solid Waste	Landlord Name:
		Landlord Address:
		Landlord Phone Number:

Did you have Homestead utility services previously? If so, under what name?	If transferring, what is the current address?
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What was the prior address?	What date would you like to terminate your current account?
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METERED SERVICES CONNECTION POLICY

Initial to acknowledge statements below. Please be aware that the City's policy for turning on or reconnecting utility service is within one business day from the time that full payment has been received. In order for services to be established make sure:

_____ All circuit breakers are **off** for electricity.

_____ Every water faucet is **closed**.

In order to be completely sure turn off ALL VALVES including those under the sink, behind each toilet, in the tubs, and on the water heater OR you may turn off the MAIN GATE VALVE on the outside of your home.

_____ Waiver of Deposits.

In accordance with City of Homestead Code sections 28-201 and 28-255, "Utility Deposits", deposits are hereby waived for the service location listed above. Default in monthly utility payments will be considered a breach of the waiver of deposits policy. In case of a default in payment, delinquency notifications will be mailed to the housing office and the account will be subject to service disconnection pursuant to sections 28-218 and 28-272 of the City of Homestead Code.

Notification of Social Security Number Collection and Usage

In compliance with Florida Statutes §119.071 (5), the City of Homestead Customer Services Division collects and uses your Social Security number only for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing an Application for Residential Utility and Solid Waste Services;
- Completing and processing a credit check to determine the deposit required on an account;

Providing a Social Security number is a condition of receiving utility and solid waste services from City of Homestead. The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

Disconnection Policy

Pursuant to Sections 28-272 and 28-218 of the City of Homestead Code utility services are subject to disconnection after 10 days for non-payment, accrual of 1.5% per month late payment charge and reconnection fees.

Agreement

I (applicant) hereby request the City of Homestead to provide utility service(s) at the above service location. I (applicant) agree to pay all charges for services rendered as a result of this request. I (applicant) understand and agree that failure to pay any amount due to the City can result in services not being connected/ reconnected until such payment has been received.

By agreeing to establish utility services with the City of Homestead, I (applicant/ co-applicant) acknowledge that I am subject to and agree to abide by all ordinances, policies and procedures of the City of Homestead which pertain to the utility services owned and operated by the City.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Received By: _____	CID: _____	Deposits: Electric (EL) \$ _____	Additional Fees:
Date: _____	LID: _____	Water (WA) \$ _____	TE: _____
	Previous LID: _____	Sewer (SW) \$ _____	TW: _____
		Connection Fee (EO/ TU) \$ _____	TOTAL: _____
		Outstanding Balance: \$ _____	
		TOTAL: \$ _____	

ONLINE UTILITY EXCHANGE:

Report #: _____

Additional Notes:

Deposit Decision: _____



**City of Homestead
Government Issued Identification Form**

IDENTIFICATION FORM

**PLACE COPY OF
GOVERNMENT ISSUED
PHOTO ID HERE**



City of Homestead
Credit Card Authorization Form

City of Homestead
100 Civic Court
Homestead, FL 33030
Office: 305-224-4800
Fax: 305-224-4839

OFFICE USE ONLY	
CID	_____
LID	_____
CLERK	_____
PROCESSER	_____
CHARGE AMOUNT	_____

All deposits must be paid in full before the service is connected.
All debit cards will be processed as credit cards.

Name as it appears on Card: _____

Requested By: _____

Credit Card Billing Address: _____

City: _____ State: _____

Zip: _____ Country: U.S.A.

Utilities Service Address: _____

By checking this box you agree to the convenience fee of \$3.85 per transaction charged by Paymentus to be **added** to this payment. Maximum amount per transaction is \$1,000.00.

Payment Amount: \$ _____.

Convenience Fee: \$ _____.

Total: \$ _____.

I authorize City of Homestead to charge my credit/ debit card the total amount of \$ _____.

Card Holder's Signature: _____ Date: _____

Please circle your card type:



***Please print clearly**

Card Number: _____

Expiration Date: ____ / ____

Security Code Number: ____ (CVV2)