## CITY OF MILTON-FREEWATER ENERGY CONSERVATION LOAN PROGRAM APPLICATION

FULL NAME OF APPLICANT (must be	e owner of building)	FULL NA	AME OF CO-APPLICANT		
SITE ADDRESS (where measures will be ACCOUNT #					
MAILING ADDRESS (if different from a	above)				
HOME PHONE	WORK PHONE				
EMPLOYER		LENGTH (	OF TIME EMPLOYED THERE		
DO YOU OWN THIS PROPERTY?					
LENGTH OF TIME APPLICANT(S) H	AS OWNED THIS	RESIDENC	Е		
MORTGAGE/CONTRACT HOLDER					
MORTGAGE/CONTRACT HOLDER A	ADDRESS				
MORTGAGE/CONTRACT HOLDER I	PHONE NUMBER				
MAY THE CITY CONTACT MORTGA (If the property is being purchased, the file a Deed of Trust on the property.)	he City must have <b>j</b>				
LENTH OF TIME APPLICANT(S) HA			TER LIGHT & POWER		
PREVIOUS UTILITY SERVICE COMPANY AND ADDRESS					
BUILDING INFORMATION: DOES THE BUILDING CONSIST OF MATERIAL STATES STAT	MORE THAN ONI	E LIVING UI	NIT?		
WHAT KIND OF ELECTRIC HEAT S  □BASEBOARD □WALL HEA					
DOES THE HOUSE HAVE AIR COND ☐YES ☐NO (IF YES, IS IT A CENTR		?			
FINANCING INFORMATION:					
Indicate the measures you wish to finance:					

INSULATION  $\square$  WINDOWS  $\square$  HEAT PUMP  $\square$  ENERGY STAR APPLIANCES  $\square$ 

TOTAL COST OF PROJECT	\$				
AMOUNT PAID BY OWNER	(\$)				
TOTAL AMOUNT FINANCED	\$				
LOAN TERM REQUESTED (12 TO 60 MONTH)					
I certify the above to be true and correct. If my financing is approved, I agree to repay the City of Milton-Freewater for the total amount financed. Loan payments will be billed separately from my monthly utility bill. I understand that if I sell this property or change electric service suppliers, the remaining balance shall become due and payable immediately, and I will repay the balance in full, upon receipt of a final billing from the utility. If I fail to keep current with monthly loan payments, I understand that City Light & Power may disconnect electrical service to this property. If I default on the loan, I understand that the City may take any and all legal measures to seek repayment of this loan.					
Date		Date			
Signature of Applicant	Signature	of Co-applicant			

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