



APPLICATION FOR UTILITY LATE PAYMENT PENALTY WAIVER

*For Customers Receiving Social Security or Disability Benefits
(Authorized by City of Keene Code of Ordinances [§50.11\(5\)](#), [Late Payments](#))*

General Guidelines

This application is for utility customers who receive Social Security or qualifying disability benefits after the utility bill due date and wish to request eligibility for the City's late payment penalty waiver program pursuant to Section 50.11(5).

Customer Information

Name: _____

Account #: _____

Service Address: _____

Mailing Address (if different): _____

Telephone #: _____

Email: _____

Benefit Information

☐ Social Security Retirement Benefits

☐ Social Security Disability Benefits

☐ Supplemental Security Income (SSI)

☐ Other Government Disability Benefit: _____

Day of Month Benefits Are Normally Received _____

Documentation Attached

☐ SSA Award Letter

☐ Benefit Payment Verification

☐ Bank Deposit Verification

☐ Other: _____

Privacy Statement

Information collected on this form is used solely to determine eligibility for the utility late payment penalty waiver and may be subject to applicable public information laws.

Eligibility Acknowledgment

Approval of this request does not change the utility bill due date and does not prevent service disconnection for nonpayment.

Annual Renewal

Customers may be required to submit updated eligibility documentation at any time upon request by the City and may be required to renew participation periodically.

Customer Acknowledgment

I understand that approval of this waiver applies only to late payment penalties and does not alter utility bill due dates or disconnection procedures. I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or revocation of penalty waiver eligibility. I authorize the City of Keene Utility Department to verify information submitted in support of this request.

Customer Signature: _____ Date: _____

Return Completed Form by Email, Mail or In Person:

utilities@keenetx.com

City of Keene – Utilities

1000 N. Old Betsy Rd

Cleburne, Texas 76031

Phone: 817-641-3336 | www.keenetx.com

City Use Only

Application Received Date: _____

Received By: _____