



Saint Joseph County Housing Authority

107 W Center St PO Box 425 North Liberty, IN 46554

Phone: 574-656-3545 Fax: 574-804-1005 Email: mail@sjcha-in.com

UTILITY REIMBURSEMENT AGREEMENT

I, _____, understand that if I receive an utility reimbursement check, it is to pay for utilities only. I agree that I will use the money to pay my utility bills only.

Printed Head of Household name

Head of Household signature

Date

Printed Spouse or Co-Head of Household name

Spouse or Co-Head of Household signature

Date