



is an MLGW payment program designed to help residential customers with limited incomes manage debt and pay off their past due bills over a period of time along with their regular monthly bill. The program focuses on education, financial management and social services.

**On Track participants are eligible to receive:**

- One-on-one assistance from an MLGW service advisor
- Information on budgeting and saving energy at home
- Deferred Billing Plans (DEFB) for up to 3 years
- Deposit credited back to the account after successful completion of program

**On Track participation is free, but to qualify for the program customers must have:**

- A utility bill over \$600
- Only one active account
- Steady income not exceeding 200% of the federal poverty guidelines
- No history of bankruptcy in the past 6 years, and
- No history of enrollment in MLGW's Life Support program

If you have previously been enrolled in On Track, you are not eligible to reapply until three years after your removal/completion date.



**MLGW**

SERVING YOU IS  
WHAT WE DO



**On Track**  
Payment Program Application



**MLGW**

Only residential customers may apply.

Instructions:

First, completely fill out this application and attach the following for each member of your family:

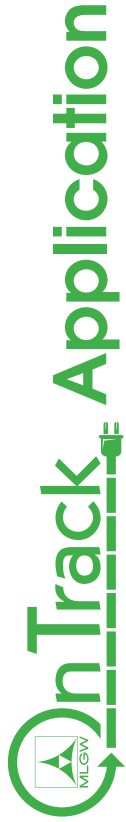
- 1. Copy of birth certificate or other identification for each person age 17 and under.  
Copy of Social Security card for everyone over age 18.  
Two IDs for customer of record.
- 2. Copy of your mortgage statement, rental agreement, and Section 8 papers, if applicable.
- 3. Income information for anyone in your household with income. This may include your two most recent pay stubs, unemployment award letter, Social Security award letter, child support documents, food stamp award letter, etc.

Participants must provide proof of income, rent/mortgage statements and identification for each household member.  
**Incomplete applications will not be processed.**

Second, return the application and copies of household and income information to any MLGW Community Office location or mail to:

**MLGW**  
**Community Relations Dept.**  
**P. O. Box 430**  
**Memphis, TN 38101 - 0430**

Questions? Call 528-4820.



Please allow 5-10 business days for processing.

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_  
MLGW Account Number: \_\_\_\_\_  
Name on MLGW account: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name of each member of your household including the person whose name is on the MLGW account:

| Name     | Relationship | Date of Birth |
|----------|--------------|---------------|
| 1. _____ | _____        | _____         |
| 2. _____ | _____        | _____         |
| 3. _____ | _____        | _____         |
| 4. _____ | _____        | _____         |
| 5. _____ | _____        | _____         |
| 6. _____ | _____        | _____         |
| 7. _____ | _____        | _____         |

Household Income:

Check yes or no for every question. Report any income for all household members. (Attach income documentation for each person listed below, including food stamps.)

| Type of Income                                   | Check<br>Yes or No | If Yes,<br>Give Amount | Name of Person<br>Receiving Income |
|--------------------------------------------------|--------------------|------------------------|------------------------------------|
| Wages (after deductions)                         | __Yes __No         | Monthly: \$ _____      | _____                              |
| Social Security                                  | __Yes __No         | Monthly: \$ _____      | _____                              |
| Food Stamps/EBT                                  | __Yes __No         | Monthly: \$ _____      | _____                              |
| Child Support (received)                         | __Yes __No         | Monthly: \$ _____      | _____                              |
| Unemployment Benefits                            | __Yes __No         | Monthly: \$ _____      | _____                              |
| Families First                                   | __Yes __No         | Monthly: \$ _____      | _____                              |
| Is there any other income from any other source? | __Yes __No         | Monthly \$ _____       | _____                              |
| If yes, please explain. _____                    |                    |                        |                                    |

Do you rent or own your home? \_\_Rent \_\_Own

Do you receive Section 8? \_\_Yes \_\_No

How much do you pay each month for your mortgage or rent? \$ \_\_\_\_\_  
(Attach a copy of your mortgage statement, rental agreement or if applicable your Section 8 papers.)

I understand that if accepted, I will be required to attend a three-hour orientation class before beginning the program and to make a monthly payment to MLGW that will be agreed upon with my assigned service advisor in addition to paying my normal monthly bill. I understand that failure to pay and/or declaring bankruptcy can result in termination from the program.

Signature of person applying for OnTrack: \_\_\_\_\_ Date: \_\_\_\_\_