



Weatherization Program

*Home Delivered Meals ● Congregate Meals ● Transportation ● Home Improvements
and Other Services for Seniors in Seminole County*

Weatherization Service Utility Bill Agreement

This agreement is made this ____ day of _____, 20____, by and between **Meals on Wheels, Etc.**, and _____, the Weatherization client located at address: _____

A copy of the most recent **Utility Bill** and the same month's **Income Amount** will be obtained during the client intake process.

Following the **Completion of Weatherization Services**, a copy of the **Utility Bill** for the **First Full Month** of service must be delivered to **Meals on Wheels, Etc.**

Client Signature

Date

Witness Signature

Date

2801 S. Financial Court ● Sanford, FL 32773 ● 407-333-8877 ● Fax 407-829-2468 ●

mealsetc.org



Partner

