



# Housing Authority of the City of LaGrange

P. O. Box 626/201 Chatham Street  
LaGrange, GA 30241  
Telephone: 706-882-6416 \* 706-882-0781  
E-mail: [lagranha@mindspring.com](mailto:lagranha@mindspring.com)

## UTILITY VERIFICATION

*Instruction for applicant:* Please take this form to the LaGrange Utilities Department for utility verification.

**~~This form must be return to us with your application~~**

TO: **Customer Service  
City of LaGrange  
Utility Department  
200 Ridley Avenue  
LaGrange, GA 30241**

**This must be filled out by LHA's staff:**  
**Name and Address of Applicant applying for housing:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The individual listed above is applying for housing.  
Please complete the statement listed below and sign.*

DOES THIS INDIVIDUAL HAVE AN OLD OUTSTANDING BALANCE? \_\_\_ YES \_\_\_ NO If yes, AMOUNT? \_\_\_\_\_

**THIS FORM MUST BE STAMPED BY AUTHORIZED PERSONNEL TO BE VALID**

Signature \_\_\_\_\_  
Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone# \_\_\_\_\_ Stamp \_\_\_\_\_