

FINANCIAL WORKSHEET for DEFERRED PAYMENT ARRANGEMENT

If your Central Hudson residential account is past due, and you are unable to pay the full amount, you may enter into a monthly plan. Under a payment plan, you will be required to pay a down payment, monthly installments on your arrears and future bills as they are issued.

In order for us to determine payment terms, you will be asked to provide certain personal financial information. This information will be used to determine how much you can afford to pay towards the past-due balance that has accumulated on your account. All payment plans require monthly installments to pay off the past-due charges together with payments for new bills as they are received. Some payment plans also require a downpayment.

This worksheet is designed to help you be prepared for your discussion with us. It outlines the questions our representatives will ask and provides you with a convenient place to record your information.

Contact Us

Print out a copy of this worksheet, and complete it. After you have done so, contact one of our Customer Service Representatives to determine your eligibility for a payment agreement.

Your Monthly Income

Your Current Resources

Cash on Hand (<i>The amount of cash</i>	¢	This is money you expect to receive, such as wages or security benefits	
you have readily available to you) Checking Account Balance (The balance	\$	Mo. Wages (after deductions)	\$
in your checking account as of the day		Public Assistance	\$
you contact us)	\$	Social Security	\$
Savings Account Balance (The balance in your savings account as of the day		SSI	\$
you contact us)	\$	Unemployment	\$
Other	\$	Food Stamps \$	
TOTAL RESOURCES	\$	Other	\$
Amount Available for Down payment	\$	Other	\$
·· ·· ·· -		TOTAL INCOME	\$
Your Monthly Expenses Your regular, expected expenses that you pay every month:		LESS EXPENSES	\$
Shelter (rent, mortgage) Real Estate Taxes (<i>if not included in</i>	\$	BALANCE	\$
mortgage)	\$	Your Account Information	
Insurance Payments (except car insurance)	\$		
Food/Non-Food	\$	Customer Name	
Medical	\$	CH Account No	
Utilities	\$	Telephone No	
Other Fuel	\$		
Basic Telephone	\$	Address	
Car Expenses\$			
Transportation	\$	No. Adults in Household	
Personal Needs (max. \$45/person)	\$		
Child Care	\$	No. Children (under 18) in Household	
Court-Ordered Payments	\$	For details, and to discuss your completed	
Other	\$	worksheet, call a customer service	
TOTAL EXPENSES	\$	representative at 452-2700 , or 1-800-527-2714	