



DEPARTMENT OF HEALTH & HUMAN SERVICES
HOUSING DIVISION



Milwaukee County



Date

Name of Tenant -----

By signing this document, the above named tenant certifies that he/she will start utility service in his/her name within 48 hours of signing the lease, with the effective date being the lease start date. The tenant agrees to pay only for the utilities agreed to and described in the lease. The above named tenant understands that failure to pay utility bills can result in loss of utility service and eviction from the rental unit.

If the tenant requires assistance in setting up the utility bill in his/her name, the tenant agrees to contact his/her case manager for help completing the process.

If the tenant feels that he/she will have trouble paying their utility bill, the tenant agrees to inform his/her case manager in order to receive support in resolving the issue.

We Energies can be contacted at: **1-800-242-9137**

The case manager assigned to the above named tenant is: _____

Case manager phone number: _____

Signature of Tenant: _____

600 West Walnut Street, Suite 100, Milwaukee, Wisconsin 53212-3863
Housing Choice Voucher: 414-278-4894 ♦ Fax 414-223-1825
Home Repair: 414-278-4917 ♦ Fax: 414-223-1815
Community Development Block Grant: 414-278-2948 ♦ Fax: 414-223-1815