

Steuben Rural Electric Cooperative, Inc.

Bath Office

9 Wilson Avenue, Bath, New York 14810
P: (607) 776-4161 | (800) 843-3414 | F: (607) 776-2293

Cherry Creek Office

5966 South Road, Cherry Creek, New York 14723
P: (716) 296-5651 | (800) 883-8236 | F: (607) 776-2293

APPLICATION FOR RESIDENTIAL MEMBERSHIP AND ELECTRIC SERVICE

The undersigned (hereinafter called the “Applicant”) hereby applies for membership in and agrees to purchase electric service from the Steuben Rural Electric Cooperative, Inc., (hereinafter called the “Cooperative”), upon the following terms and conditions:

1. Pursuant to Article I of the Cooperative’s Bylaws, the Applicant will pay a \$25.00 non-refundable membership fee.
2. In accordance with 21 CRR-NY 451.2, all seasonal and short-term Applicants shall be required to deposit a sum of money, not to exceed twice the average monthly bill for a calendar year. Such deposit, including any accrued interest, shall be refunded to the Applicant’s account if the Applicant is not delinquent in the payment of bills during a one year period following the payment of the deposit. Interest on Applicant deposits shall accrue at 1.5% APR. No Applicant that is 62 years of age or older shall be required to pay such a deposit. No Applicant that is a known recipient of public assistance, supplemental security income benefits or additional state payments shall be required to pay such a deposit.
3. Each member shall purchase, from the Cooperative, all electric energy used on the premises specified within this application for membership. Rates for furnishing electric energy shall be set by the Cooperative’s Board of Directors, subject to the requirements set forth in the Cooperative’s Bylaws. It is expressly understood that amounts paid for electric energy in excess of costs of service are furnished by members as capital, and each member shall be credited with capital so furnished as provided in the Bylaws of the Cooperative.
4. The Applicant will comply with and be bound by the provisions of the Articles of Incorporation, the Articles of Conversion, Bylaws of the Cooperative and any Rules and Regulations as adopted by the Board of Directors of the Cooperative.
5. The Applicant, by paying a membership fee and becoming a member, assumes no liability or responsibility for any debts or liabilities of the Cooperative. Under the law, a member’s private property is exempt from execution for any such debts or liabilities.
6. Each member shall grant to the Cooperative an easement of right-of-way across the member’s property, in a location to be agreed upon in advance between the member and the Cooperative, for the purposes of erection, maintenance and replacement of electric transmission and distribution lines .
7. Prior to the acceptance of this application, the Applicant expressly agrees that if the Cooperative is unable to furnish electric service to the Applicant, the membership fee will be returned to the Applicant. If the Applicant wished to withdraw this Application, the membership fee is nonrefundable.

Racial Ethnic Group ***voluntary information*** requested by the Rural Utilities Service for review of Cooperative activities regarding Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

- White Black or African American Hispanic or Latino American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander Other _____

APPLICATION FOR RESIDENTIAL MEMBERSHIP AND ELECTRIC SERVICE

| | | | |
|--|------|---|----------|
| _____ | | _____ | |
| Applicant (First, Middle Initial, Last) | | Co-Applicant Name (First, Middle Initial, Last) | |
| _____ | | _____ | |
| Applicant Signature | Date | Co-Applicant Signature | Date |
| _____ | | _____ | |
| Applicant Social Security Number | | Co-Applicant Social Security Number | |
| _____ | | _____ | |
| Applicant Driver ID Number/State/Date of Birth | | Co-Applicant Driver ID Number/State/Date of Birth | |
| _____ | | _____ | |
| Home Phone Number and/or Cell Phone Number | | Home Phone Number and/or Cell Phone Number | |
| _____ | | _____ | |
| Applicant Employer | | Co-Applicant Employer | |
| _____ | | _____ | |
| Applicant Email Address | | Applicant Email Address | |
| _____ | | _____ | |
| Mailing/Billing Address (Street or PO Box) | City | State | Zip Code |
| _____ | | _____ | |
| Service/Physical Address (if different from mailing address) | City | State | Zip Code |
| _____ | | _____ | |
| Type of Facility/Service (Permanent Home, Seasonal Residence, Cabin, Barn, Type of Business) | | | |
| _____ | | | |

Certification of Medical Emergency or Life Support System Requiring Electricity:

Does anyone in the household have a medical condition which requires a medical certification? Yes No

If Yes, a Medical Necessity form must be completed and signed by the member and the certifying physician.

Name of Individual _____ Electrical Equipment Required _____

New York State Sales Tax Declaration: The NYS Tax Law provides that residential energy sources and services are not subject to the 4% New York State sales and use tax. Counties, cities and certain school districts that impose local sales and use tax may choose to either tax or exempt the residential energy sources and services. Please indicate below if any of the following apply:

Property is located within the Hornell City School District jurisdiction (2.5%)

Property is located within the Cattaraugus County taxing jurisdiction (3%)

Energy is intended to be used for nonresidential purposes

Farming activity may qualify for a tax exemption if a member provides an ST-125. Other commercial businesses may qualify for an exemption if the member provides a ST-121, ST-119.1 or other valid proof of tax exemption.

FOR OFFICE USE ONLY

Account No. _____ Capital Credit No. _____ Town _____