

**LOW INCOME ASSISTANCE**



**CITY OF SISTERS**

*This application is for May 1, 2016 through April 30, 2017.*

NAME \_\_\_\_\_

(Print)

ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

(Work)

(Home)

(Cell)

PRIMARY RESIDENCE YES ( ) NO ( ) EMAIL ADDRESS: \_\_\_\_\_

OWN ( ) RENT ( )

Property Manager/Owner's Name: \_\_\_\_\_

Property Manager/Owner's Address: \_\_\_\_\_

Property Manager/Owner's Phone Number: \_\_\_\_\_

Water/Sewer account # \_\_\_\_\_

Number of persons living in your household: \_\_\_\_\_

List ages of persons living in household:

| Age |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|     |     |     |     |     |     |     |     |     |     |

**Eligibility Requirements/Program Details:**

- City of Sisters water customers who qualify may be eligible for a 25% reduction for their City utility bill (water, sewer and garbage)
- Annual program – customer must apply each year to maintain eligibility
- Renewal applications are sent every year in March
- Application is only valid for the current address listed above
- Your water service must be provided by the City of Sisters
- Assistance is available for active accounts only and the application must be in the name of the customer of record.

**Check & submit all that apply:**

*(Incomplete applications will not be considered, copies of documents must be included with the application.)*

- \_\_\_\_\_ Current copy of completed and *signed* Federal Income tax return.
- \_\_\_\_\_ Current copy of any retirement income received in the household.
- \_\_\_\_\_ Current copy of benefit statement(s) from social security, disability, or other type of support income being received.
- \_\_\_\_\_ Current copy of any other income being received.
- \_\_\_\_\_ Current copy of housing assistance.
- \_\_\_\_\_ Current copy of unemployment benefits.
- \_\_\_\_\_ A copy of Divorce Decree if divorced and there is ordered child support and/or alimony

**LOW INCOME ASSISTANCE**



**CITY OF SISTERS**

HARDSHIP EXPENSES	AMOUNT	(Office use Only) DOCUMENTATION PROVIDED
Housing costs which exceed 30% of income	\$	
Unusually high medical expenses	\$	
Child care expenses to permit employment	\$	
Disaster or casualty expenses	\$	
<b>Total Hardship Expenses</b>	<b>\$</b>	

Before an application is reviewed, it must be completed in full and accompanied by any supporting income documentation for all adult persons living at the service address. If anyone over 18 has no income, a Certification of Zero Income must be completed.

Please sign and date the application

This application is for the time period of May 1, 2016 through April 30, 2017. Annual renewals will be mailed prior to April 30, 2017. Must reapply to maintain the 25% discount.

*I hereby certify that all statements contained herein are true to the best of my knowledge, and that I agree to conform to all regulations adopted by the City of Sisters. I understand that any misstatement omission of material fact in this application may cause forfeitures on my part of all rights to reduce rates and may subject me to penalties. I understand that I must keep a "Good" credit rating with my utility account, and must not be delinquent on any payments including High Country Disposal.*

I authorize the City of Sisters, at its option, to request verification from any source of information provided in this application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

*FOR OFFICE USE ONLY – DO NOT WRITE BELOW LINE*

Application Received Date:	Reviewed By:
Approved:	Denied:
Code and Credit changed in InCode:	
If this application is denied, state reason:	