

Low Income Assistance Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us

This application is for July 1, 2024, through June 30, 2025



Application Date _____

Name (First, Last) _____

Service Address _____

Mailing Address (If different than service address) _____

City of Sisters Account # _____ Phone # _____

Email Address _____ Own _____ Rent _____

Primary Residence Yes _____ No _____

List ages of persons living in household:

Age	Age	Age	Age	Age	Age	Age	Age	Age	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 May
- 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 account holder

Check & submit all that apply:

- 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 income received
- Current copy of any income being received by anyone in the household over 18 (Past 30 Days)
- Current copy of unemployment benefits

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, PLEASE SUBMIT COPIES OFF ALL HOUSEHOLD INCOME WITH YOUR APPLICATION.**

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	\$	
Total Hardship Expenses	\$	

***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 July 1, 2024, through June 30, 2025. Annual renewals will be mailed prior to June 30. 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 Republic Services.

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:	Republic Services:
If this application is denied, state reason:	Application Renewal Year: