

**LOW INCOME
UTILITY PROGRAM
APPLICATION**

CITY OF MILWAUKIE
10722 SE Main Street
Milwaukie, OR 97222
(503) 786-7525

ACCOUNT NUMBER: _____

NAME _____

ADDRESS _____

City _____ State _____ Zip Code _____

PHONE (Home) _____ (Work) _____

OWN () RENT ()

Landlord Name _____

Landlord Address _____

City _____ State _____ Zip Code _____

Landlord Phone _____

Please answer the following questions:

	YES	NO
Are you currently participating in the low income program?		
Are all adult household members retired & 65+ years old?		
Is this your primary residence?		
If rented do you pay your water bill to the City?		
If rented do you pay your waste water bill to the City?		
Do you owe the City of Milwaukie for any:		
Traffic fines or charges		
Parking Tickets		
Local Improvement District Assessments		
Library Fines		

Number of persons living in your residence: _____

Please list name(s): _____

You must complete the income portion of this form on the reverse side prior to submission for approval.

INCOME INFORMATION

List TOTAL GROSS INCOME FROM ALL SOURCES for ALL PERSONS living at this address. (A signed copy of the prior year's Federal Income Tax Return and supporting income documentation is required with the completed application to confirm both last year's and last month's income)

LAST YEAR **LAST MONTH (Gross Income)**

Salary/Wages/Tips/Self Employment Income	\$	\$
Social Security (including AFDC/food stamps and welfare)		
Pension or Annuities		
Interest and Dividends		
Unemployment Compensation		
Alimony or Child Support		
Other		
TOTAL	\$	\$

Before an application is reviewed, it must be completed in full and accompanied by a copy of the prior year federal income tax return for all adult persons living at the service address.

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 Milwaukie. I understand that any misstatement or omission of material fact in this application may cause forfeiture on my part of all rights to reduced utility rates and may subject me to penalties. I authorize the City of Milwaukie, at its option, to request verification from any source of information provided in this application.

Signature of applicant

Date

Finance Department Use Only

Date Received	Reviewed By
_____	_____
Approved _____	Denied _____ Entered _____
Approved/Denied By _____	
Date Approved/Denied _____	
If Denied, State Reason: _____	

