

CITY OF GLADSTONE
525 Portland Ave
Gladstone, OR 97027
503-557-2771

APPLICATION
LOW INCOME WATER/SEWER PROGRAM
*** Fiscal year _____ ***

DATE: _____

NAME: _____

ADDRESS: _____

Phone number _____

Property for which reduction is sought must be the principal residence of the person billed for service

	YES	NO
Are you currently participating in the low income program?	___	___
Is this your primary residence?	___	___
Do you owe the City of Gladstone for any:		
Traffic fines or charges	___	___
Parking tickets	___	___
Library fines	___	___

Number of persons living in the residence _____

Please list names:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

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

Before an application is reviewed it must be completed in full and accompanied by a copy of the prior year income tax return for all adult persons (18 years of age and older) living at the service address.

If you did not file a tax return, submit a "Verification of Non Filing" that you obtain from the IRS by filing a Form 4506-T. The form can be downloaded from www.irs.gov.

INCOME INFORMATION

List total gross income from all sources for all persons living at this address. (a copy the prior year's Tax Return or IRS Verification of Non Filing, complete copy of last 2 months bank statements and supporting income documentation is required with the completed application to confirm both last year's and last month's income)

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

LAST YEAR	LAST MONTH (gross income)
\$ _____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
\$ _____	\$ _____

TOTAL

I hereby acknowledge 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 Gladstone. 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 Gladstone, at its option, to request verification from any source of information provided in this application.

Applicant's Signature / Date

Co-Applicant's Signature / Date

Date received _____	Reviewed by _____
Approved/Denied by _____	
Date _____ Entered _____	
If Denied/Reason _____	
