



City of Gladstone

Low Income Application Form

Utility Billing Department

18505 Portland Ave Gladstone, OR 97027

Email: UB@ci.gladstone.or.us

Phone: 503-557-2771

Low Income Utility Rates Fiscal Year _____

Renewal ☐ New ☐ Date _____ Utility Account# _____

Applicant Name _____ Applicant Age _____

Email Address _____

Phone Number _____

Mailing Address _____

Spouse Name _____ Spouse Age _____

Dependent: List of dependents claimed on Income Tax forms (please print)

1. Name _____ Age _____ Relationship _____

2. Name _____ Age _____ Relationship _____

3. Name _____ Age _____ Relationship _____

4. Name _____ Age _____ Relationship _____

Occupants: Other than spouse or dependent children. Persons who live in the household and either contribute to household expenses or are renting space in the dwelling. All income received must be accounted for and disclosed on the application.

1. Name _____ Contributed to Household Expenses Yes ☐ No ☐

2. Name _____ Contributed to Household Expenses Yes ☐ No ☐

3. Name _____ Contributed to Household Expenses Yes ☐ No ☐

4. Name _____ Contributed to Household Expenses Yes ☐ No ☐

Applicant Signature _____

Date Signed _____

Signature is required: by signing this document, the signer is acknowledging that the information is true and correct to the best of the signer's knowledge.

Please use a separate sheet for additional Dependents of Occupants



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Monthly/Yearly Gross Income [Instructions]

Please remember that documentation for each source of income is required. In addition, must be accompanied by 2 recent months of Bank Statements; Failure to provide documentation will result in approval delays and the possibility of your application being returned.

For any follow-up questions please Call (503)557-2771

Income Source	Total Last Month Gross	Total Last Year Gross
Wages, salaries, tips	\$	\$
Interest from Checking/Saving Account if Applicable	\$	\$
Child Support/Alimony – Must have documentation	\$	\$
Business Income / Capital Gains (Exclude losses and expenses) (Must provide Schedule C from tax return)	\$	\$
Individual Retirement Account Distributions	\$	\$
Pension Income / Life Insurance Distributions	\$	\$
Real Estate Income / Rental Income	\$	\$
Unemployment Income	\$	\$
Social Security Income / Social Security Disability Income (including SNAP benefits)	\$	\$
Veterans Benefits / Active Duty Military Pay and Benefits	\$	\$
Assistance / Friends, Family, Others person	\$	\$
All Other Income: Income received from all sources not included above or from other individuals that may be helping pay household expenses	\$	\$
Total Income	\$	\$

