

Application for Financial Assistance Credits

Date: _____

Name: _____

Address: _____

UB Account No: _____

No. of people in household _____

Phone # you can be reached: _____

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Own/Purchasing

Renting - Landlord

► Please attach current proof (documentation) for **all** boxes checked.

Proof of current documentation is required for all boxes checked.

Letters from Agencies providing proof of acceptance and timeframe.

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Supplemental Social Security Income

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Oregon Medical Card

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Food Stamps

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Medicaid

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Free & Reduced School Lunch or Breakfast Program

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Other Evidence of Financial Hardship

How did you hear about program: ☐ Local Paper ☐ Flyer ☐ Other _____

Instructions:

- 1 Applies to single family residences only.
- 2 Person applying name must be named on an active Newberg Municipal Services Billing Account.
- 3 Check the box(s) for the documentation(s) you will be attaching.
- 4 **Return to: Attn: Barbara - Finance Dept.**
414 E First Street; PO Box 970, Newberg, Oregon 97132
- 5 Applications received will be reviewed within 30 days.
- 6 Applicants agree to meet with Finance Staff to receive a water conservation kit as part of the approval process.

If you are approved and received the water conservation kit, you will be eligible to receive up to \$25.00 per month as a credit on your Municipal Service Billing Statement.

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Approval Date: _____

Expires: June 30, _____

Signature of City Manager or Designee

Providing fraudulent information will be subject to termination of assistance.