

Financial Assistance Credit Application

2023-2024 Fiscal Year

Open Enrollment Begins June 1, 2023

Applications received prior to June 1st will not be accepted. First come first serve basis.

Name	
Address	
Municipal Services Account No.	No. of people in household
Phone number	
Own/Purchasing Renting – Landlord's Nam	e
Please attach current proof (documentation) for all b Proof of current documentation is required for all boxes yo providing proof of acceptance and timeframe. Providing fr termination of assistance.	ou check including letters from agencies
 Supplemental Social Security Income Oregon Medical Card Food Stamps – Must have your signature on card or name on documentation How did you hear about this program? ☐ Local Pap 	☐ Medicaid ☐ Free & Reduced School Lunch or Breakfast Program ☐ Other Evidence of Financial Hardship er ☐ Flyer ☐ Other
 Instructions Applies to any residential customer If person applying name is not on the account owner of the property Check the box(s) for the current documentation the application Return to: Attn: Accounts Receivable/Finance 414 E First Street; PO Box 970	on(s) you will be attaching when submitting e Dept. 30 days. o receive water conservation kit as part of tion kit, you will be eligible to receive up to
Applicant's Signature	Date
Owner of Property's Signature, if applicable By signing this application, I hereby agree to pass approved credit along to the	Date e person named and residing in residence listed above.
For Office Use Only Approval Date Expires	
Signature of City Manager or Designee	