

Financial Assistance Credit Application 2024-2025 Fiscal Year

Open Enrollment Begins June 1, 2024

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

Name			
Address _			
Municipal Services Account NoN			No. of people in household
Phone nur	mber		
Own/Purchasing Renting – Landlord's Name			
Proof of cul providing p		uired for all boxes yo	oxes checked u check including letters from agencies audulent information will be subject to
Oregor Food S signatu	emental Social Security n Medical Card stamps – Must have you are on card or name on entation	r [Medicaid Free & Reduced School Lunch or Breakfast Program Other Evidence of Financial Hardship
How did you hear about this program? Local Paper Flyer Other			
Instructions			
 Applies to any residential customer If person applying name is not on the account, application must also be signed by the owner of the property Check the box(s) for the current documentation(s) you will be attaching when submitting the application Return to: Attn: Accounts Receivable/Finance Dept. 414 E First Street; PO Box 970 Newberg, OR 97132 Applications received will be reviewed within 30 days. Applicants agree to meet with Finance Staff to receive 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.			
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 person named and residing in residence listed above.
For Office Use Only Approval Date Expires			
Signature of City Manager or Designee			

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