

Renewal Application for Financial Assistance Credits

Date: _____

Name: _____

Address: _____

Account No: _____ No. of people in household _____

Phone # you can be reached: _____

Own/Purchasing
 Renting - Landlord _____
Landlord phone # _____

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

- Supplemental Social Security Income
- Oregon Medical Card
- WIC
- Food Stamps
- Medicaid
- Head Start
- Free & Reduced School Lunch or Breakfast Program
- Other Evidence of Financial Hardship

Instructions:

- 1 Mark which documentations you will be attaching.
- 2 Your application will be reviewed and a reply will be sent to you in 30 days.
- 3 **Return to: Attn: Billing Dept,** 414 E First Street; PO Box 970, Newberg, OR 97132

If you are approved, you will receive up to \$10.00 a month as a credit on your utility bill until the expiration date below.

Approval Date: _____
Expires: June 30, _____

Signature of City Manager or Designee

Providing fraudulent information will be subject to termination of assistance.