

# 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 # \_\_\_\_\_

In order to qualify for the Credit Program, **please attach proof** of 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

**\*\* By entering into this program you are also volunteering to participate in a water conservation assistance program at no cost to you.**

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.*