

**LOW INCOME ASSISTANCE**



**CITY OF SISTERS**

**NAME** \_\_\_\_\_  
(Print)

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_  
(Work) (Home) (Cell)

**PRIMARY RESIDENCE YES ( ) NO ( )**

**OWN ( ) RENT ( )**

**Property Manager/Owner's Name:** \_\_\_\_\_

**Property Manager/Owner's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Property Manager/Owner's Phone Number:** \_\_\_\_\_

**Water/Sewer account #** \_\_\_\_\_

Number of persons living in your household: \_\_\_\_\_

List ages of persons living in household:

Age	Age	Age	Age	Age	Age	Age	Age	Age	Age

**Please list any earned and unearned income from all household members over the age of 18:**

*Earned income is: wages, salaries, tips or commissions from any type of work, whether full or part time, temporary, seasonal, self-employed, or training. (Students: include work study)*

*Unearned income is: retirement, pension, child support, veterans benefits, financial aid, gifts, unemployment compensation, worker's compensation, Social Security, SSI, etc.*

<b>GROSS ANNUAL INCOME FROM ALL SOURCES</b>	<b>AMOUNT</b>	<b>(Office use Only) DOCUMENTATION PROVIDED</b>
Employer: Gross Income	\$	
Salary/Wages/Tips/Self-Employment Gross Income		
Pensions or Annuities		
Interest and Dividends		
Other		
<b>Total Gross Income</b>	<b>\$</b>	

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ASSISTANCE**



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<b>HARDSHIP EXPENSES</b>	<b>AMOUNT</b>	<b>(Office use Only) DOCUMENTATION PROVIDED</b>
Housing costs which exceed 30% of income	\$	
Unusually high medical expenses	\$	
Child care expenses to permit employment	\$	
Disaster or casualty expenses	\$	
<b>Total Hardship Expenses</b>	\$	

**Before an application is reviewed, it must be completed in full and accompanied by any supporting income documentation for all adult persons living at the service address.**

**Please sign and date the application.**

I hereby certify that all statements contained herein are true to the best of my knowledge, and that I agree to conform to all regulations adopted by the City of Sisters. I understand that any misstatement omission of material fact in this application may cause forfeitures on my part of all rights to reduce rates and may subject me to penalties. I understand that I must keep a “Good” credit rating with my utility account, and must not be delinquent on any payments.

I authorize the City of Sisters, at its option, to request verification from any source of information provided in this application.

**Signature of applicant**

**Date**

The City of Sisters does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status.

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW LINE**

Application Received Date:	Reviewed By:
Approved:	Denied:
Code and Credit changed in InCode:	
If this application is denied, state reason:	