

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.

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

**LOW INCOME
ASSISTANCE**



CITY OF SISTERS

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

**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 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:	