



Account Number _____

FINANCIAL ASSISTANCE UTILITY RATE RELIEF PROGRAM APPLICATION

Before an application is reviewed, it **must be completed in full and accompanied by a copy of the prior year federal income tax return for all adult persons living at the service address.**

If no federal income tax return was filed in the previous year, a social security benefits verification/award letter or other supporting documentation is required. If other documentation is needed, applicant will be required to deliver such documentation prior to reviewing the application.

Applicant

Name _____

Address _____

Phone (Home) _____ (Work) _____

Email _____

Do you Own or Rent

Owner or Landlord (if different than Applicant)

Landlord Name _____

Landlord Address _____

City, State, Zip _____

Landlord Phone _____

Please Answer the Following Questions

Are you currently participating in the Financial Assistance Program? Yes No

Is this your primary residence? Yes No

Do you own any other property not associated with this primary residence? Yes No

Please list the number of people living in your residence including yourself _____

Please provide the name and date of birth for all people residing on the property including yourself:

Name (First and Last)	Date of Birth	Relation	Dependent? Yes/No

Income

List total income from all sources for all people living at this address.

	LAST YEAR (Gross Income)	LAST MONTH (Gross Income)
Salary/Wages/Tips/Self Employment Income	\$	\$
Social Security (including AFDC and welfare)	\$	\$
Pension or Annuities	\$	\$
Interest and Dividends	\$	\$
Unemployment Compensation	\$	\$
Alimony/Child Support	\$	\$
Other	\$	\$
Total	\$	\$

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 Oak Lodge Water Services. I understand that any misstatement or omission of material facts in this application may cause forfeiture on my part of all rights to reduced utility rates and may subject me to penalties. I authorize Oak Lodge Water Services to request additional verification from any source of information provided in this application, as needed.

Signature of Applicant _____ Date _____

Utility Billing Department Use Only	
Date Received _____	Received By _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied If denied, state reason _____	
Entered by _____	Date _____

