



Account Number: _____

Low Income Utility Rate Relief Program

Application Applicant

Name _____
Address _____
City, State & Zip _____
Phone (Home) _____ (Work) _____
Do You: OWN RENT

Owner or Landlord (if different than Applicant)

Landlord Name _____
Landlord Address _____
City, State & Zip _____
Landlord Phone _____

Please Answer the Following Questions

	YES	NO
Are you currently participating in the low income program?	<input type="checkbox"/>	<input type="checkbox"/>
Is this your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any property not associated with this primary residence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you owe Oak Lodge Sanitary District for any:		
Sanitary Sewer Services charges	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water Management service charges	<input type="checkbox"/>	<input type="checkbox"/>
Permits	<input type="checkbox"/>	<input type="checkbox"/>
If you own your residence, do you own any property other than that residence?	<input type="checkbox"/>	<input type="checkbox"/>

Number of persons living in your residence (<i>Please list names:</i>)	# Persons:

Income

List **TOTAL INCOME FROM ALL SOURCES** for ALL PERSONS living at this address. (A copy of the prior year Federal Income Tax Return or supporting income documentation is required with application)

	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 or Child Support	_____	_____
Other	_____	_____
TOTAL	\$ _____	\$ _____

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 AWARD LETTER, AFDC OR WELFARE AWARD LETTER OR OTHER SUPPORTING DOCUMENTATION IS REQUIRED. IF OTHER DOCUMENTATION IS NEEDED, APPLICANT WILL BE REQUIRED TO DELIVER SUCH DOCUMENTATION PRIOR TO REVIEW OF 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 Oak Lodge Sanitary District. I understand that any misstatement or omission of material fact 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 Sanitary District, at its option, to request verification from any source of information provided in this application.

Signature of applicant _____ Date _____

Utility Billing Department Use Only	
Date Received: _____	Received By: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____
If Denied, State Reason: _____	
Entered By: _____	Date: _____