



**CITY OF ASHLAND LOW INCOME ENERGY ASSISTANCE PROGRAM  
APPLICATION FORM**

**A. Applicant Information**

Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_  
 Utilities Under What Name? \_\_\_\_\_ Account No (from Utility Bill): \_\_\_\_\_

**B. List All Household Members Including Applicant**

Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____

**C. Residence Status**

Own                       Rent (heat not included)                       Subsidized Housing (heat not included)  
     Rent (heat included)                                       Subsidized Housing (heat included)

**D. Type of Heat**

Electric     Gas     Oil     Wood    Has your home been weatherized?    Yes    No

**E. Income Source of all Household Members Over Age 16, for Past 30 Days**

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Household Income Past Month \$ \_\_\_\_\_

**F. Applicant's Acknowledgement and Signature**

Information you provide is material to your eligibility for receiving a benefit. Therefore, giving false or misleading answers in this application to obtain a discount on your utilities is a crime, punishable up to 6 months jail and/or \$2,500 fine. (ORS 162.085.)

I certify that the above information is true to the best of my knowledge. I understand that credit will be applied to the electric portion of the utility bill only. I also understand that if the account becomes inactive, there will be no refund of any credit amounts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**G. Verification of Income (for City use only)**

The following checked items were used for verification of income:

Pay Slips                       AFDC Letter                       Social Security                       Food Stamp Calculation Form  
 Unemployment                       Child Support Order                       SSI                                       Student Financial Aid Papers  
 Other (Please Explain) \_\_\_\_\_

**H. City of Ashland Authorization**

Approved     Denied                      Category:    Senior     Disabled     Other  
    Authorized Signature/Date \_\_\_\_\_

