CITY OF
ASHLAND

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

Category: ☐ Senior ☐ Disabled ☐ Other

☐ Approved ☐ Denied Authorized Signature/Date_____