

CITY OF ASHLAND



Application for Utility Assistance

Please Check one: Year round discount One time assistance

Name: _____

Service location address _____

DOB: _____

Phone # _____

Account # _____

Number of people in the household: _____

I hereby request utility assistance and have provided the City of Ashland with income verification documentation for all members of the household above the age of 16.

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.

Signature of applicant: _____

Date: _____

For office use only:

Monthly Income	Source	Discount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

Completed by: _____