

Application for One-Time Utility Assistance

Name: _____

Service location address: _____

Date of birth: _____

Phone number: _____

Utility account number: _____

Number of people in the household: _____

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 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.

I certify that the above information is true to the best of my knowledge.

Signature of applicant: _____

Date: _____

To qualify for the one-time utility assistance, the account must be no more than \$100.00 past due, not have received this funding within the last 12 months, and total household income shall not exceed the amounts below.

	Yearly	Per Month
1 Person Family	\$ 21,870	\$ 1,823
2 Person Family	\$ 29,580	\$ 2,465
3 Person Family	\$ 37,290	\$ 3,108
4 Person Family	\$ 45,000	\$ 3,750
5 Person Family	\$ 52,710	\$ 4,393
6 Person Family	\$ 60,420	\$ 5,035

UTILITY DIVISION

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