



### UTILITY ASSISTANCE PROGRAM APPLICATION

City of Milwaukie 10501 SE Main St.

Utility Billing 503-786-7597

utilitybilling@milwaukieoregon.gov

City of Milwaukie Utility Account Number: \_\_\_\_\_

Do you own ( ) or rent ( )?

If you rent, please complete the following:

Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Landlord Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_

Landlord Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Landlord Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Please answer the following:

1. Is this a new application or a renewal?

New	Renewal
_____	_____
Yes	No

2. Is this your primary residence?

_____	_____
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3. Do you owe the City any of the following:

Traffic fines, parking tickets, or library fines?

_____	_____
_____	_____

If yes, are you making regular payments toward the balance(s)?

Number of persons living in the residence: \_\_\_\_\_

Occupant information: Please list Name (1) as applicant.

Monthly Income

Yes No

(1) Name: \_\_\_\_\_ Age: \_\_\_\_\_

_____	_____
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(2) Name: \_\_\_\_\_ Age: \_\_\_\_\_

_____	_____
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(3) Name: \_\_\_\_\_ Age: \_\_\_\_\_

_____	_____
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(4) Name: \_\_\_\_\_ Age: \_\_\_\_\_

_____	_____
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(5) Name: \_\_\_\_\_ Age: \_\_\_\_\_

_____	_____
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(6) Name: \_\_\_\_\_ Age: \_\_\_\_\_

_____	_____
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If more than five residents, please supply the above occupant information on an additional sheet of paper.



Continued on next page....

List total gross income from all sources for all persons living at this address. Attach a copy of the most recent federal income tax return or other form of income documentation (Social Security Statement, Unemployment Statement, etc.) to certify income amounts for all persons residing at the residence.

Please redact confidential information such as social security numbers, etc.

		Total Gross Monthly Income of Household:
Salaries/wages/tips/self-employment income		\$ _____
Social Security (including AFDC and welfare)**		_____
Pensions or annuities		_____
Interest and dividends		_____
Unemployment compensation		_____
Alimony		_____
Other		_____
Total		\$ _____

\*\*Food Stamps are exempt

Before an application is reviewed, it must be completed in full and accompanied by a copy of the most recently filed federal income tax return, or other income documentation, for all persons living at this address.

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 the City of Milwaukee. 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 the City of Milwaukee, at its option, to request verification from any information source provided in this application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Office use only:	
Date received: _____	
<input type="checkbox"/> Approved	Approved/denied by: _____
<input type="checkbox"/> Denied	Date approved/denied: _____
	If denied, state reason: _____