

NETARTS-OCEANSIDE SANITARY DISTRICT, TILLAMOOK, OR
 1755 Cape Meares Lp. Rd. W., TILLAMOOK, OR 97141
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APPLICATION for LOW-INCOME ASSISTANCE PROGRAM

The LOW-INCOME ASSISTANCE PROGRAM was established by Resolution 23-04 of the NOSD Board of Directors. The funds to pay the discount come entirely from donations. On June 1, money that has come into the Discount Fund over the previous year is divided by the number of qualified applicants who have applied for the discount. That number is divided over 12 months and applied to your bill as a credit.

TO GET THE DISCOUNT, YOU HAVE TO APPLY and meet the following criteria:

- Live in the District.
- Have a sewer connection.
- Have utility service (sewer) in your name.
- Household income falls into one of the categories (set by Resolution 23-04). These income levels are provided by Community Action Resource Enterprise (CARE). These levels are 60% of the median income levels in Tillamook County.
- Attach a copy of your Federal Tax Return, social security statement, bank statement, or equivalent to prove eligibility.

TO GET THE DISCOUNT NEXT YEAR, YOU WILL HAVE TO APPLY AGAIN NEXT YEAR. The Household Income levels change from year-to-year, so every year individuals and families will need to re-apply.

APPLICATIONS ARE ACCEPTED NO LATER THAN MAY 1ST FOR FOLLOWING YEAR'S FISCAL YEAR BEGINNING ON JULY 1ST

NAME: _____ DATE OF APPLICATION _____
 PREMISES ADDRESS: _____
 MAILING ADDRESS: _____ CITY: _____
 HOME PHONE: _____ STATE: _____ ZIP _____
 DISTRICT UTILITY ACCOUNT NUMBER: _____

LIST ALL PERSONS IN HOUSEHOLD WHO ARE OVER 16, whether or not related to you:

NAME	M/F	AGE	ADJ. INCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NUMBER IN HOUSEHOLD UNDER AGE 16: _____ **TOTAL HOUSEHOLD INCOME:\$** _____

I hereby certify that the above information is true and correct.

X _____
 Applicant's Signature

Date: _____

OFFICE USE ONLY	
ELIGIBLE?	PROOF OF
YES _____	INCOME (TYPE) _____
NO _____	APPROVED BY _____

“This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov”