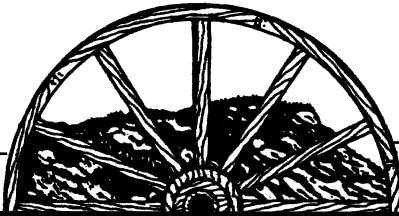

CITY OF



LA GRANDE

THE HUB OF NORTHEASTERN OREGON

FINANCIAL ASSISTANCE APPLICATION

First Name _____ *Last Name* _____

First Name _____ *Last Name* _____

ServiceAddress _____ *Phone* _____

MailingAddress _____ *Work* _____

Date of Birth _____ *Number in Family* _____ *Age of Dependents* _____

GrossMonthlyIncome _____

(Please provide W2, Federal/State Income Tax Return, SSI, Disability, Unemployment, VA or Pension benefit statements or OR Health Plan Coverage.)

I authorize the City to make any necessary inquiries for determination of eligibility for this assistance.

Under the penalties for false swearing, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Should an investigation disclose any untruthful or misleading answers, denial of application may result. Applicant must notify City of any changes of income. Applicant must reapply each calendar year for assistance.

Signature

Date

Signature

Date

FAMILY SIZE	GROSS YEARLY INCOME
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
Over 6 add per child	\$ 4,480

2020 Federal Poverty Guidelines