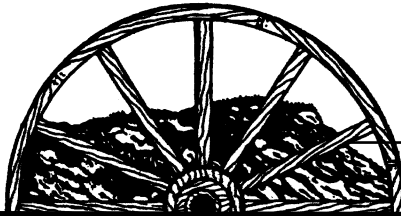


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CITY OF



LA GRANDE

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THE HUB OF NORTHEASTERN OREGON

## FINANCIAL ASSISTANCE APPLICATION

1. *First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

2. *First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

*Service Address* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Mailing Address* \_\_\_\_\_ *Work* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_ *Number in Family* \_\_\_\_\_ *Age of Dependents* \_\_\_\_\_

*Gross Montly Income* \_\_\_\_\_

*(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                    | \$12,140            |
| 2                    | \$16,460            |
| 3                    | \$20,780            |
| 4                    | \$25,100            |
| 5                    | \$29,420            |
| Over 6 add per child | \$ 4,320            |

2018 Federal Poverty Guidelines