

FINANCIAL ASSISTANCE FOR WATER AND SEWER BILLINGS

Financial assistance to provide relief on water and sewer bills has been expanded by the City of La Grande to now include low-income citizens and families. This program will be offered to those who meet the following guidelines.

To be eligible for assistance you must:

- have a yearly household income less than the federal poverty level which will be evaluated on an annual basis
- have water and/or sewer service provided by the City of La Grande within the City Limits
- be a single family residence
- conserve water. If the City observes citizens sharing or wasting water, the City will have the right to terminate the assistance program with user

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

If you are eligible you may receive:

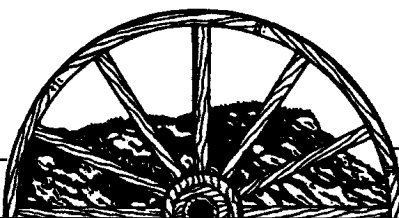
- Bill reduction – a 20% discount off the water and/or sewer portion of utility bill

To apply: (new application required every year)

You may pick up an application at City of La Grande Finance Department, 1000 Adams Avenue or you may request one be mailed to you by calling 541-962-1313. Completed applications may be returned by mail to PO Box 670, La Grande, or in person at La Grande City Hall Finance Department.

- Complete application in full
- Provide verification of total household income
 - W2 and Federal/State Income Tax Return
 - Social Security and/or Disability Benefit Statement
 - Unemployment Statement
 - VA or Pension proof of Income
 - Oregon Health Plan Coverage approval

By applying for financial assistance, you are authorizing the City of La Grande to verify the information you have supplied. Failure to provide the information requested by the City may result in denial of application. Should an investigation disclose any untruthful or misleading answers denial of application may result.

CITY OF

LA GRANDE

THE HUB OF NORTHEASTERN OREGON

FINANCIAL ASSISTANCE APPLICATION

First Name _____ **Last Name** _____**First Name** _____ **Last Name** _____**Service Address** _____ **Phone** _____**Mailing Address** _____ **Work** _____**Date of Birth** _____ **Number in Family** _____ **Age of Dependents** _____**Gross Monthly 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

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