City of Central Point
140 S Third Street
Central Point, OR 97502

Application for Extreme Hardship Discount

Utility Acct #:_____

Please Print Legibly

Name of Applicant (Must be same as utility account holder) _____

Service Address (Applicant must reside at service address) _____

Social Security Number _____ Date of Birth ___/___/___

Home Phone Number _____ Alternate Phone Number _____

Mailing Address (If different from Service Address) _____ City _____ Zip _____

Type of Dwelling (Check **One**)	Residence Status (Check **One**)	Income Source (Check **all** that apply)
☐ House	☐ Rent (Water not included)	☐ Social Security
☐ Multi-Unit (Apt /Duplex)	☐ Own	☐ Employer
☐ Mobile Home	☐ Subsidized Housing	☐ Alimony
☐ Manufactured Home	(Water not included)	☐ Other: please describe

Pursuant to City of Central Point Ordinance 1845, Section 2, Chapter 13.16 your annual income must fall below 150% (percent) of the published Federal Poverty Level in order to qualify for this discount. The following figures are based upon information generated by the Federal Department of Health and Human Services (HHS) for year 2006-07. These figures are updated annually by HHS and Applications for Extreme Hardship Discount will need to be renewed annually.

Size of Family Unit	Maximum Annual Income - all Sources	Size of Family Unit	Maximum Annual Income - all Sources
☐ 1	$ 15,315.00	☐ 5	$ 36,195.00
☐ 2	$ 20,535.00	☐ 6	$ 41,415.00
☐ 3	$ 25,755.00	☐ 7	$ 46,635.00
☐ 4	$ 30,975.00	☐ 8	$ 51,855.00

Please check only one box above. Verification of income must be presented with completed application.

Verification of all household income submitted:

☐ Income Tax Return for year _____(No more than 12 months prior)
☐ Social Security Administration Statement of Benefits
☐ Other:_____

By signing below Applicant is certifying that the information submitted to the City of Central Point is accurate to the best of his/her knowledge.

Applicant's Signature _____ Date Submitted _____

City of Central Point Certification

The above named applicant has met the income eligibility requirements of the City of Central Point and has satisfactorily submitted verification of same

Authorized Finance Department Signature _____ Date Received _____

Date Entered into System:_____ By:_____