



Open Enrollment Begins June 1, 2025

Financial Assistance Credit Application

2025-2026 Fiscal Year

Applications received prior to June 1st will not be accepted. First come first serve basis.

Name _____

Address _____

Municipal Services Account No. _____ No. of people in household _____

Phone number _____

☐ Own/Purchasing ☐ Renting – Landlord's Name _____

Please attach current proof (documentation) for **all boxes checked**

Proof of current documentation is required for all boxes you check including letters from agencies providing proof of acceptance and timeframe. Providing fraudulent information will be subject to termination of assistance.

☐ Supplemental Social Security Income

☐ Medicaid

☐ Oregon Medical Card

☐ Free & Reduced School Lunch or Breakfast Program

☐ Food Stamps – Must have your signature on card or name on documentation

☐ Other Evidence of Financial Hardship

How did you hear about this program? ☐ Local Paper ☐ Flyer ☐ Other _____

Instructions

1. Applies to any residential customer. **You must be a full-time (12 month) resident.**
2. If person applying name is not on the account, application must also be signed by the owner of the property
3. Check the box(s) for the current documentation(s) you will be attaching when submitting the application
4. Return to: Attn: Robin Nance 401 E Third Street;
PO Box 970 Newberg, OR 97132
5. Applications received will be reviewed within 30 days.

If you are approved, you will be eligible to receive up to \$25.00 per month as a credit on your Municipal Service Billing Statement.

Applicant's Signature _____

Date _____

Owner of Property's Signature, if applicable _____

Date _____

By signing this application, I hereby agree to pass approved credit along to the person named and residing in residence listed above.

For Office Use Only

Approval Date _____ Expires _____

Signature of City Manager or Designee _____

