



City of Yachats

441 Hwy 101 N.
P O Box 345
Yachats, OR 97498

Name: _____

Mailing Address: _____

Home Phone: _____

Service Address: _____

LOW-INCOME WAIVER APPLICATION

Please provide the following:

- Documentation showing that you receive (or are eligible to receive) low-income assistance from the State of Oregon.**

Examples: photocopy of medical card, food stamp identification card, or other correspondence showing expiration date.

- Statement of Household Income and Size:**

Total Household Monthly Income \$ _____ per month
(Monthly gross before deductions)

Total Number in Household _____
How many dependent children under the age of six _____

"To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application may result in revocation of the waiver. I also understand that this application will not be processed until all required information is received by the City. I will inform the City if my household income or size changes or if I become ineligible for State assistance."

Signature of Applicant

Date

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