



Utility Assistance Request Form

Submittal Date: _____

Applicant Information:

Service Address: _____

Applicant/Account Holder Name: _____ Account # _____

Mailing Address: _____

Phone Number: _____ Email: _____

Number of residents in the home: _____

Amount per month requested (\$5.00 per month maximum): \$ _____

Applicant Affidavit

- Applicant lives at the residence listed on the application and qualifies as low income using the HUD Linn County low income requirements. ([Click here to view 2023 HUD income limits.](#))
- Applicant owns and/or is the authorized account holder of the subject property listed above and is requesting consideration for Utility Assistance according to current City of Sweet Home policy.
- If approved, the adjustment to the bill will be for no more than the amount requested (a maximum of \$5.00 per month).
- One application per utility account will be allowed per calendar year starting January 1st and will terminate on December 31st. Any applications submitted and accepted will apply beginning with the following billing period; discounts will not be retroactive.
- Applicant hereby acknowledges that they must apply annually with all of their current information. Applications may be submitted in December to take effect beginning in January of the following year.
- Applicant understands and acknowledges that applying does not in any way guarantee that they will be granted the requested assistance.
- Applicant affirms that the information set forth in this Utility Assistance Request Form is true and accurate.

Applicant must attach a copy of tax returns, HUD voucher, or other documentation to verify their household's low-income status.

Applicant Signature: _____ Date: _____

For City of Sweet Home Use Only:

Date Received: _____ Date Entered to Account: _____

Approved/Denied: _____ Applicant Notified (Date): _____

Utility Billing Clerk Initials: _____