

CUSTOMER ASSISTANCE PROGRAM INCOME CERTIFICATION FORM

CITY OF GRESHAM -- Water, Sewer, & Stormwater
1333 NW Eastman Pkwy, Gresham, OR 97030 -- (503) 618-2373 -- FAX: 618-2268
UtilityBilling@GreshamOregon.gov

NAME: _____
(Last) (First) (Middle)

Date of Birth: _____

Address: _____

PHONE: Cell: _____
Home: _____
Work: _____

Do you: OWN your home or Rent

SPOUSE: _____
(Last) (First) (Middle)

Date of Birth: _____

Anyone else at this same address? YES NO

List ALL Additional Members of Household (& Ages):

Number Employed: _____

Number NOT Employed: _____

FINANCIAL INFORMATION -- ALL MEMBERS IN HOUSEHOLD

Gross Income per Month: **\$ Amount**

Employment: _____

Welfare: _____

S S I: _____

Social Security: _____

Pension/Retirement: _____

Disability Benefits: _____

Unemployment Comp: _____

Rental Income: _____

Child Support: _____

Veteran's Benefits: _____

Food Stamps: _____

Other _____

TOTAL INCOME: _____

Expenses per Month: **\$ Amount**

Rent/Mortgage: _____

Utilities: Gas: _____

Electricity: _____

Oil: _____

Water _____

Sewer: _____

Stormwater: _____

Telephone: _____

Garbage: _____

Other: Food: _____

Medical: _____

Clothing: _____

Auto: _____

Insurance: _____

Other: _____

TOTAL EXPENSES: _____

The above information is true:

Signature

Date

FOR CITY OF GRESHAM USE ONLY

Cycle ____ **Acct#** _____ **Bill Period** _____ **Date Due** _____

Total Due \$ _____ **Water \$** _____ **Sewer \$** _____ **Storm \$** _____

Batch # _____ **Seq #** _____ **Transaction #** _____

Previous Assistance (date): _____ **Receipt #:** _____