



Utility Assistance Request Form

Submittal Date: _____

Applicant Information:

Service Address: _____

Account Holder Name(s): _____ Account # _____

Mailing Address: _____

Phone Number: _____ Email: _____

Number of residents in the home: _____

Amount per month requested (\$10.00 per month maximum): \$ _____

Applicant Affidavit

- Applicant 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.
- Applicant is requesting consideration for Utility Assistance.
- Customer must request for assistance moving forward, no retroactive assistance will be available.
- If approved, the adjustment to the bill will be for no more than the amount requested (a maximum of \$10.00 per month).
- One application per utility account will be allowed per calendar year starting January 1st and will terminate on December 31st.
- Applicant hereby acknowledges that they must apply annually with all of their current information.
- 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, pay stubs, HUD voucher, or other documentation to verify that their household's low income status.

Applicant Signature: _____ Date: _____

For City Sweet Home Use Only:

Date Received: _____

Applied to Account (Date): _____ Letter sent (Date) _____