



APPLICATION FOR CITY OF CANBY REDUCED UTILITY RATES

Account #: _____

Name: _____

Address: _____

Phone Number: _____ Number of people living in household: _____

Income Verification: Please provide a copy of the most recent IRS form 1040 or 1040EZ for each person in the household.

Number of people living in household	1	2	3	4
Maximum annual adjusted gross income	\$22,800	\$26,075	\$29,325	\$32,900

Please check one of the boxes below:

- I am 65 years of age. Please provide proof of age (copy of driver license, identification card, birth certificate, etc.).
- I am 100% disabled as determined by the Social Security Administration, the Veterans Administration or a public disability pension entity's. Please provide proof of disability.

I certify that all information on this application is true and correct, and I agree to notify the City of Canby if I move from this address, sell, transfer ownership of my home, or no longer qualify for the reduced sewer rate. By signing this application, I agree to provide proof of my eligibility for this discount to the City of Canby finance department if so requested.

Signature: _____ **Date:** _____

Contact Customer Service at 503-266-0747 for questions or additional information.

Submit completed applications to:

By mail: City of Canby
PO Box 930
Canby, OR 97013

In person: Civic Offices
222 NE 2nd Avenue
Canby, OR 97013

By fax: 503-266-1799