

ACCT # _____

**City of Klamath Falls
SENIOR CITIZEN LOW INCOME
SNOW REMOVAL ASSISTANCE PROGRAM
* APPLICATION ***

Customer
Name _____ SS# _____ Age _____
Spouse
Name _____ SS# _____ Age _____
Residence
Address _____ Phone _____
Mailing
Address _____

- 1. Wages, salary and other pay for work. \$ _____
 - 2. Interest and dividends. \$ _____
 - 3. Business, rentals and any other investment income \$ _____
 - 4. Social Security, Railroad Retirement, Military Pay, Veterans Benefits \$ _____
 - 5. Other pensions and annuities \$ _____
 - 6. Unemployment, Workers' Comp., Accident/Health Insurance \$ _____
 - 7. Inheritance, gifts and grants \$ _____
 - 8. Child Support and any other income \$ _____
- ❖ Please do not include any welfare income, disability pay, life insurance proceeds, personal injury damages or strike benefits as income.
- 9. TOTAL INCOME \$ _____

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

I further certify that I am the principal resident of the above address.

I further authorize the City to make any necessary inquiries for determination of eligibility for this program.

I will be advised of my successful registration for this program.

Signature

Date

REGISTRATION APPROVED _____