



OAKES WATER FUND ASSISTANCE PROGRAM APPLICATION

FOR YEAR OF: _____

File Application with City Auditor prior to February 1 of the year for which credit is requested.

APPLICANT INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

WHICH OF THE FOLLOWING WOULD BEST DESCRIBE THE TYPE OF OWNERSHIP OF YOUR RESIDENCE (CHECK ONLY ONE):

- A. IS RECORDED IN YOUR (AND SPOUSE'S) NAME AS OWNER
- B. IS BEING PURCHASED BY YOU UNDER A CONTRACT FOR DEED
- C. IS HELD IN JOINT TENANCY WITH ONE OTHER THAN SPOUSE
- D. IS HELD UNDER A LIFE ESTATE IN PROPERTY
- E. IS HELD IN A REVOCABLE TRUST

DO YOU HAVE ASSETS IN EXCESS OF \$50,000 INCLUDING THE VALUE OF ANY ASSETS GIFTED OR OTHERWISE DIVESTED WITHIN THE LAST THREE YEARS, AND EXCLUDING THE UNENCUMBERED VALUE OF YOUR HOMESTEAD?

YES
NO

THE FOLLOWING IS AN ACCURATE ACCOUNT OF TOTAL INCOME FOR THE PRECEDING CALENDAR YEAR (FOR NEGATIVE VALUES PLEASE ENTER "0")

APPLICANT'S AND SPOUSE'S INCOME FROM SOCIAL SECURITY BENEFITS (EXCLUDE MEDICARE)	_____
APPLICANT'S AND SPOUSE'S INCOME FROM SALARY AND WAGE	_____
APPLICANT'S AND SPOUSE'S INCOME FROM INTEREST	_____
APPLICANT'S AND SPOUSE'S INCOME FROM ALL OTHER RESOURCES	_____
DEPENDENTS' TOTAL INCOME FROM ALL SOURCES	_____
TOTAL INCOME FROM ALL SOURCES	_____
MEDICAL EXPENSES ACTUALLY PAID DURING THE YEAR AND NOT PAID FOR BY INSURANCE	_____
TOTAL AMOUNT OF HEALTH AND HOSPITAL INSURANCE PREMIUMS (EXCLUDE MEDICARE)	_____
MEDICINE AND DRUGS	_____
DOCTOR, DENTIST, AND HOSPITAL COSTS	_____
HEARING AIDS, EYEGLASSES, DENTURES, ETC.	_____
TRANSPORTATION COSTS FOR MEDICAL CARE (37.5 CENTS PER MILE)	_____
NURSING HOME CARE COSTS AND/OR HOME NURSING CARE COSTS	_____
TOTAL MEDICAL EXPENSES	_____
INCOME FROM ALL SOURCES EXCLUDING MEDICAL EXPENSES	_____

I declare that this application has been examined by me and to the best of my knowledge and belief is a true and correct application. I am willing to furnish proof of age, income, and assets if requested to do so by someone authorized to administer this credit. I reside on the property described in this application.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICATION IS		
APPROVED	<input type="checkbox"/>	
DENIED	<input type="checkbox"/>	REASON: _____
SIGNATURE OF ADMINISTRATOR	_____	DATE _____