

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 \_\_\_\_\_