



PUBLIC SAFETY ANNUAL SURCHARGE DISCOUNT APPLICATION

**APPLICATION RENEWAL ONLY OPEN BETWEEN
April 15th through June 15th of each calendar year.**

Physical Address: _____

MH Park Name (if applicable): _____

Name(s) of all Adult Occupant(s): _____

Mailing Address: _____

Phone Number: _____

Qualifications:

- To qualify for a discount a residential unit's total **Gross Annual Household Income** shall meet the income guidelines enumerated in this application. Include the income of **all adult** household members (individual over 18 years of age).
- The discount shall only apply to the subject street address.
- The applicant(s) requesting a discount must complete and submit this application form.
- In order to maintain continuous qualification for this discount, the applicant(s) shall, not later than June 15th of each year, file another application for the discount.
- The Public Safety Committee determines whether the applicant(s) meet the qualifications and requirements of the City.
- In special hardship cases, the Public Safety Committee may grant exemptions to the foregoing income limitations when the circumstances justify such exemption.
- Upon approval of the Public Safety Surcharge Discount application – Rates will be effective July 1st through June 30th annually.

Statement of Income:

****Enter all sources of household income for each adult occupant****

Social Security and/or Railroad Retirement Income	\$ _____/year
Interest/Dividends, Capital Gain and/or Loss	\$ _____/year
Non Taxable Interest Income	\$ _____/year
Pension/Retirement, Annuities, IRA & Roth IRA Distributions	\$ _____/year
Rental and Business Income	\$ _____/year
Wages, Veteran's Benefits, Alimony, and other income	\$ _____/year
(Unemployment Compensation, Worker's Compensation, Disability Income, Military Nontaxable Income)	\$ _____/year

Total Household Income: \$ _____/year

Do **not** include household income from the following:
Aid to families with Dependant Children, Child Support, Foster Care Payments

REQUIRED ATTACHMENTS (FOR ALL APPLICANTS)

Copies of the following documents that pertain to the income declared above **must** be attached to this application:

- 2017 U.S. Tax Return – First page only, showing Gross Income**
- Social Security – most current statement or year end 1099SSA**
- Nontaxable Interest, income, or pension – year end of most current statement**
- Bank Statement – most current statement**

**CITY OF SHADY COVE
PUBLIC SAFETY SURCHARGE DISCOUNT**

INCOME GUIDELINES

Gross Annual Household Income	Monthly Public Safety Surcharge Amount
\$25,000 +	\$15.00
\$22,000 to \$24,999	\$12.00
\$19,000 to \$21,999	\$9.00
\$16,000 to \$18,999	\$6.00
\$13,000 to \$15,999	\$3.00
\$0 to \$12,999	\$0.00

I hereby attest that this application accurately reflects the annual household income for this residential address and the information contained herein is disclosed on condition that, to the greatest extent allowed by law ORS 192.502(4), said information be considered confidential and not disclosed without court order directed to the custodian of such information.

Signature of applicant(s): _____

Date: _____

Date: _____

Please submit application and **all** supporting documentation to:

Location: **Shady Cove City Hall
22451 Hwy 62
Shady Cove, Oregon 97539**

Mail: **PO Box 1210, Shady Cove, Oregon 97539**

Fax: **541-878-2226**

Improper Application:

Any person who falsely states any fact to acquire the benefits of this application or who receives the benefit of this application with knowledge that such person does not qualify is guilty of a misdemeanor and shall be punished by a fine not to exceed five hundred dollars (\$500.00) or by imprisonment for a period not to exceed sixty (60) days or by both such fine and imprisonment.

Office Use Only

Date Received: _____ Date Reviewed: _____

- Approved
- Modified
- Denied

Comment: _____

Date of Action: _____ Authorized Signature: _____

Date Applicant Notified: _____ In Person By Phone By Mail

Implementation Date: _____ To Finance Date: _____