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Sunrise Water Authority Assistance Application Form

Please make sure you include your income documents with this form - a list of income documents is provided below. Please don't send originals, as they may not be returned to you.

Your name (Required)

First

Last

Phone

(###) ###-####

Enter Email

Physical Address (Required)

Street Address

Address Line 2

City

Oregon

State

ZIP Code

Mailing Address (If Different from above)

Street Address

Address Line 2

City

Oregon

State

ZIP Code

Please include every 18+ member of your household's income amount (before taxes) and source, and provide documentation for each, for the last 30 days.

The definition of "gross (before taxes) household income" is all money and noncash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, for all people who live in the home. Examples of income documentation includes, but is not limited to the following:

- Paycheck stubs
- Unemployment verification letter, Social Security benefit award letter, TANF (Temporary Assistance for Needy Families) print out, Child Support print out, Proof of Veterans benefits, pensions, retirement, etc.
- Written statement of Self-Employment detailing gross receipts and business expenses
- Written statement with details of any additional cash income
- If you have no income, please provide a written statement of how you sustain yourself financially, covering essentials like food and housing.

Your age

Your income (from last month)

Your income source(s)

Number of people living in household **(Required)**

Please enter a number from 1 to 8. If there are more than 8 people in your household, contact us directly at 971-386-2124 or email us at swa@oregonenergyfund.org

Household member 2

Household member 2: Name

First

Last

Household member 2: Age

Household member 2: Income Amount

Household member 2: Income Source(s)

Household member 3

Household member 3: Name

First

Last

Household member 3: Age

Household member 3: Income amount

Household member 3: Income source(s)

Household member 4

Household member 4: Name

First

Last

Household member 4: Age

Household member 4: Income amount

Household member 4: Income source(s)

Household member 5

Household member 5: Name

First

Last

Household member 5: Age

Household member 5: Income amount

Household member 5: Income source(s)

Household member 6

Household member 6: Name

First

Last

Household member 6: Age

Household member 6: Income Amount

Household member 6: Income source(s)

Household member 7

Household member 7: Name

First

Last

Household member 7: Age

Household member 7: Income Amount

Household member 7: Income source(s)

Household member 8

Household member 8: Name

First

Last

Household member 8: Age

Household member 8: Income amount

Household member 8: Income source(s)

Total household income (add the amounts entered above)

Is there anything else you want us to know about your situation? Tell us in the space below.

Declaration: (Required)

☐ I agree to inform Sunrise Water Authority if my household no longer qualifies for the Income-Qualified Assistance

True and correct: (Required)

☐ I understand under penalty of perjury under the laws of the State of Oregon that the information I provided in this application is true and correct.

Signature (Required)

Mail to:
Oregon Energy Fund
1020 SW Taylor Street
Suite 620
Portland, OR 97205