



Safety Net Program Application

ARE YOU ELIGIBLE?

A Safety Net Loan is available to property owners:

1. Who own and live at the property requiring connection.
2. Whose income does not exceed the income cap for household size:

Household Size	Income Cap
1	\$67,830
2	\$77,520
3	\$87,210
4	\$96,900
5 or more	Contact our office

3. Whose additional assets do not exceed \$100,000. Assets include cash, CDs, bonds, stocks, real estate and recreational vehicles.

HOW TO APPLY

1. Complete and sign this application.
2. Attach proof(s) of income, account statements and/or asset value statements. A checklist is provided in Section 5.
3. Mail completed applications to:

Required Sewer Connection Program
City of Portland Environmental Services
1120 SW Fifth Avenue, B113/400
Portland, OR 97204

QUESTIONS?

For questions on this form or the Required Sewer Connection Program, call
503-823-4114

SECTION 1: APPLICANT INFORMATION

Applicant Name

Property Address

Primary phone

Secondary phone (optional)

Email address (optional)

Continue on next page

The Bureau of Environmental Services is committed to providing meaningful access. To request translation, interpretation, modifications, accommodations, or other auxiliary aids, please call 503-823-4114 or Oregon Relay Service 711.

Traducción o interpretación | Chiakun mak me chiakun fos | Chuyển Ngữ hoặc Phiên Dịch | 翻译或传译 | 翻訳または通訳
Письменный или устный перевод | Traducere sau Interpretare | Письмовий або усний переклад | Turjumida ama Fasiraadda
الترجمة التحريرية أو الشفهية | ການແປພາສາ ຫຼື ການອະທິບາຍ | अनुवाद तथा दोभाषे सेवा

Chris Collett or Aimee Dexter, 503-823-4114

SECTION 2: HOUSEHOLD MEMBERS AND INCOME INFORMATION

Please provide the following information on each member of your household. For employed members, attach copies of W-2 statements and your most recent federal tax return. For unemployed or retired members, attach copies of unemployment benefit statement, social security benefit statements and/or pension statements.

For income and expense information, select a time period: per week per month per year

PROPERTY OWNER		
Name:	<input type="radio"/> Employed Place of employment:	Employment income: \$
Birth date:	<input type="radio"/> Not employed or retired	Other income: \$
HOUSEHOLD MEMBER 2		
Name:	<input type="radio"/> Employed Place of employment:	Employment income: \$
Birth date:		
Relationship:	<input type="radio"/> Not employed or retired	Other income: \$
HOUSEHOLD MEMBER 3		
Name:	<input type="radio"/> Employed Place of employment:	Employment income: \$
Birth date:		
Relationship:	<input type="radio"/> Not employed or retired	Other income: \$
HOUSEHOLD MEMBER 4		
Name:	<input type="radio"/> Employed Place of employment:	Employment income: \$
Birth date:		
Relationship:	<input type="radio"/> Not employed or retired	Other income: \$

For additional members, please attach a separate sheet of paper.

Add all sources of income.

ALLOWABLE DEDUCTIONS:

Subtract these expenses from your total amount of income to calculate your total adjusted income.



TOTAL AMOUNT OF INCOME:	\$
Medical Expenses—Non-reimbursed	–
Child Care / Support	–
Student Loan / Debt Obligations	–
TOTAL ADJUSTED INCOME	\$

SECTION 3: ADDITIONAL ASSETS

Please provide information about bank and credit union accounts and additional assets—including money funds, CDs, stocks, bonds, investments, recreational vehicles, second homes or real estate—owned by all household members. For bank accounts, please attach the statement(s) from the prior three months. For other assets, we may request a proof of value.

BANK AND CREDIT UNION ACCOUNTS

Name of bank/credit union:	Type of account:	Current balance: \$
Name of bank/credit union:	Type of account:	Current balance: \$
Name of bank/credit union:	Type of account:	Current balance: \$
Name of bank/credit union:	Type of account:	Current balance: \$

ADDITIONAL ASSETS *(Not including your home, its contents and one vehicle)*

Household members have additional assets: No Yes If yes, please complete the section below.

Description:	Value:	Balance owed:	Net value:
	\$	\$	\$
Description:	Value:	Balance owed:	Net value:
	\$	\$	\$
Description:	Value:	Balance owed:	Net value:
	\$	\$	\$
Description:	Value:	Balance owed:	Net value:
	\$	\$	\$

For additional accounts or assets, please attach a separate sheet of paper.

Add account balances and net value of assets.

TOTAL AMOUNT OF ACCOUNTS AND ASSETS:	\$
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SECTION 4: ADDITIONAL INFORMATION

Please provide any additional information related to your application. If you need additional space, please attach a separate sheet of paper.

SECTION 5: SUPPORTING DOCUMENTS CHECKLIST

Please attach supporting documents, as applicable. Please call 503-823-4114 with questions.

- A copy of your most recent federal tax return. If self-employed, attach copies of two years of federal tax returns.
- Copies of W-2 statements for each employed member of the household.
- A copy of unemployment benefit statement, social security benefit statement and/or pension benefit statement.
- The most recent bank and credit union account monthly statements for all household members who have accounts. Attach statements from the prior three months.

SECTION 6: SIGNATURE AND PENALTY WARNING

Oregon law makes it a Class A misdemeanor (punishable by up to one year in prison or a fine of up to \$1,000) for a person to issue a false statement with intent to defraud (see ORS 165.100). It is also a Class A misdemeanor for a person to obtain the execution of documents by deception with the intent to defraud or injure another or to acquire substantial benefit (see ORS 165.102).

Additionally, any falsehood respecting any portion of this application shall be grounds for denial of the application and termination of any loan or deferral connection agreement that may have been previously entered into between the applicant and the Bureau of Environmental Services.

I understand the questions on this application and the penalty of withholding or giving wrong information or for breaking any of the rules listed in the Penalty Warning. My answers are correct and complete to the best of my knowledge.

Signature

Date

Printed Name

FOR OFFICE USE ONLY

Date Received:		Property ID:	
<input type="checkbox"/> Applicant must own and live at property <input type="checkbox"/> CATBIRD <input type="checkbox"/> If private contract: Copy of Sale Contract	<input type="checkbox"/> MANDATORY CONNECTION <input type="checkbox"/> NONCONFORMING SEWER		<input type="checkbox"/> Over 62 <input type="checkbox"/> Under 62
	City Charges:		
	PPLP:		
INCOME <input type="checkbox"/> Income meets 80% MFI	Number of Household Members:		
	Income Cap:		
	Household income:		
ADDITIONAL ASSETS <input type="checkbox"/> Valued:	COMMENTS		
VERIFICATION <input type="checkbox"/> W-2 <input type="checkbox"/> Three months of pay stubs <input type="checkbox"/> Federal tax return (2 years, if self-employed) <input type="checkbox"/> Statement of Benefits <input type="checkbox"/> Affidavit of Income <input type="checkbox"/> Three months of bank statements			
Application:		Date:	Signature:
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied			