

# LOS OSOS LOW INCOME ASSISTANCE FUND

## Income Certification for the Los Osos Sewer Connection

*Complete this application only if you are the owner of the home that you occupy and are interested in seeking financial assistance for the Los Osos Sewer Connection. Information on this application will be used to determine your eligibility for financial assistance through the Los Osos Low Income Assistance Fund. If it appears that you are eligible, you will be contacted about how to apply for financial assistance. None of the information on this application will be shared with any other entity without your subsequent authorization.*

**ALL MATERIALS REQUESTED MUST BE SUBMITTED WITH THE APPLICATION OR IT WILL BE RETURNED AND YOU WILL LOSE YOUR PLACE IN THE PROCESS.  
ALL INFORMATION OBTAINED BY THE DISTRICT WILL REMAIN CONFIDENTIAL.**

### ATTACHMENT CHECK LIST

- Copies of 2016 OR 2017 IRS Returns (including W-2's) for all adults in household
- AND/OR ONE OF THE FOLLOWING**
- Last 3 years of income tax returns for self-employed persons or a year to date P&L for net business
- 2 most recent paystubs for all adults in household for 2018
- Proof of other income received (alimony, child support, dividend income, rental income, etc.)
- If you are not required to file taxes, please attach your source of income; Unemployment Statement, Social Security Statement, etc.

### LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD (including all applicants)

Name	Date of Birth	Social Security #

**COMPLETE THE FOLLOWING SECTIONS FOR ALL ADULTS (18 yrs. or older) IN YOUR HOUSEHOLD.  
YOU MAY MAKE EXTRA COPIES OF THIS SECTION AS NEEDED.**

<b>Applicant Name</b> _____	Marital Status (✓)	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
		<input type="checkbox"/> Unmarried (Includes Single, Divorced, Widowed)	
Property Address _____		Home Phone _____	
Mailing Address _____		Cell Phone _____	
		E-Mail _____	
Employer Name _____	Hire Date _____		
Employer Address _____	Phone _____	Pay Rate _____	
Average Regular Hours Per Day _____	Average Over-Time Hours Per Day _____		
If you receive UNEMPLOYMENT part of the year, what is your WEEKLY RATE? _____			
HOW MANY WEEKS PER YEAR: _____			
Are you a full-time student? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>Co-Applicant Name</b> _____	Marital Status (✓)	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
		<input type="checkbox"/> Unmarried (Includes Single, Divorced, Widowed)	
Phone _____			
Employer Name _____	Hire Date _____		
Employer Address _____	Phone _____	Pay Rate _____	
Average Regular Hours Per Day _____	Average Over-Time Hours Per Day _____		
If you receive UNEMPLOYMENT part of the year, what is your WEEKLY RATE? _____			
HOW MANY WEEKS PER YEAR: _____			
Are you a full-time student? (✓) <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Co-Applicant Name** \_\_\_\_\_ Marital Status (✓)  Married  Separated  
 Phone \_\_\_\_\_  Unmarried (Includes Single, Divorced, Widowed)  
 Employer Name \_\_\_\_\_ Hire Date \_\_\_\_\_  
 Employer Address \_\_\_\_\_ Phone \_\_\_\_\_ Pay Rate \_\_\_\_\_  
 Average Regular Hours Per Day \_\_\_\_\_ Average Over-Time Hours Per Day \_\_\_\_\_  
 If you receive UNEMPLOYMENT part of the year, what is your WEEKLEY RATE? \_\_\_\_\_  
 HOW MANY WEEKS PER YEAR: \_\_\_\_\_  
 Are you a full-time student? (✓)  YES  NO

**OTHER HOUSEHOLD INCOME: Please list all other sources and amounts of income for all household members (Child Support, Pensions, Social Security, Disability, AFDC, etc.)**

NAME	TYPE OF INCOME	AMOUNT	MONTHLY	WEEKLY

Do the property owners have liquid assets (cash, bank accounts, mutual funds, etc.) in excess of:  
 \$5,000 (for those UNDER 62 yrs. of age)  YES  NO  
 \$8,000 (for those OVER 62 yrs. of age)

By signing below, I/We authorize the Los Osos Community Fund Team to verify the information provided in this application as necessary.  
**ALL ADULTS IN HOUSEHOLD MUST SIGN ✓**

Print Name	Sign Name	Date

**RETURN COMPLETED APPLICATIONS WITH ALL REQUIRED ATTACHMENTS BY DECEMBER 31<sup>ST</sup>, 5:00 PM TO THE LOS OSOS CSD AT 2122 9<sup>TH</sup> ST., SUITE 102 OR MAIL TO: LOS OSOS COMMUNITY FUND, P.O. BOX 6064, LOS OSOS, CA 93412**

**If you choose to mail your application, please be advised that your application must be received by December 31<sup>st</sup>, 2018. Post marks will not save your spot in the process. We encourage you to turn in your application as soon as possible. Funds are limited and will be awarded on a case by case, first come basis. All information obtained by the District will remain confidential.**

*Be sure to keep a copy of this form and all attachments for your records.*