



CITY OF JACKSONVILLE
206 N 5th St/PO Box 7
Jacksonville, OR 97530
Phone: 541-899-1231
Fax: 541-899-7882

APPLICATION FOR SURCHARGE RELIEF

PHYSICAL ADDRESS: _____

Name: (Please Print) _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Qualifications:

- 1 A residential unit's **total gross annual household income** shall meet the income guidelines below.
- 2 The discount shall only apply to the applicant's physical address.
- 3 The application for Surcharge Discount must be filed annually and approved by the Public Safety Committee or their designee.
- 4 The Public Safety Committee may grant exemptions to the income limitations provided justification can be proven.

Statement of Income: (To be eligible for surcharge relief from both surcharges you must meet each test below)

Declared Gross Annual Household Income \$ _____

Maximum annual income: \$30,000 for Police Department Surcharge Relief

Maximum annual income: \$25,000 for Fire Department Surcharge Relief

Gross Annual Household Income: The sum of Adjusted Gross Income as stated on your US Income Tax Return **plus** total Social Security including Medicare Premium.

Required Attachments: Copies of documents that pertain to your declared income must be attached to this application including but not limited to:

- o Prior Years Us Income Tax Return – First page (only) showing Adjusted Gross Income
- o Social Security Statement
- o Interest or other income statement(s)

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 he 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.

I hereby attest that this application accurately reflects my annual income.

Signature of applicant _____

Date: _____

Office Use Only

Approved Police Fire Both

Denied reason _____

Modified _____

Signed: _____ Date: _____ Applicant Notified: Yes No

Surcharge Table

Police

Income	
30,001 +	20.00
25,001 - 30,000	10.00
Less than 25,000	0

Surcharge Table

Fire

Income	
25,000 +	35.00
24000-24999	31.50
23000-23999	28.35
22000-22999	25.51
21000-21999	22.96
20000-20999	20.66
19000-19999	0.00