



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

**APPLICATION FOR FIRE PROTECTION SURCHARGE RELIEF**

**PHYSICAL ADDRESS:** \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

ARE YOU THE HEAD OF YOUR HOUSEHOLD?     YES  NO

**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:**

Declared Gross Annual Household Income    \$ \_\_\_\_\_

**Maximum annual income: \$25,000**

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:

- Prior Years Us Income Tax Return – First page (only) showing Adjusted Gross Income
- Social Security Statement
- 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**  
 **Denied** reason \_\_\_\_\_  
 **Modified**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Applicant Notified:**  Yes  No

## Surcharge Table

### **Income**

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