

City of Springfield
 Development Services Department
 225 Fifth Street
 Springfield, OR 97477



**Income Requirements – Fee Waiver
 Temporary Use – Emergency Medical Hardship**

Required Project Information *(Applicant: complete this section)*

Applicant Name:	Phone:
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Company:	Fax:
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Address:

Property Owner:	Phone:
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Company:	Fax:
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Address:

ASSESSOR'S MAP NO:	TAX LOT NO(S):
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Property Address:

Annual Household Income of Applicant:

Annual Household Income Cannot Exceed:	
1 Person Household	\$32,050
2 Person Household	\$36,600
3 Person Household	\$41,200
4 Person Household	\$45,750
5 Person Household	\$49,400
6 Person Household	\$53,050

The amounts shown are based on HUD income limits and are current as of March 19, 2009. These income limits are subject to change.

Please provide current pay stub or recent income tax return for verification of income.

The undersigned acknowledges that the information in this application is correct and accurate.

Applicant Signature: _____ **Date:** _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act in his/her behalf.

Owner Signature: _____ **Date:** _____

Required Project Information *(City Intake Staff: complete this section)*

Emergency Medical Hardship Case No.:	Date:	Reviewed by:
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