



CITY OF KEIZER 2025

POLICE & PARKS SERVICES FEES

Low-income -OR- Senior Citizens

Application for Discount

The City of Keizer, offers discounted Police Services Fee and Parks Services Fee to those who qualify. This discount is available to eligible citizens who are residents of the City of Keizer. To determine if you are eligible for this program, please answer the following questions:

LOW-INCOME DISCOUNT:

1. Do you pay for housing without receiving housing assistance payments from a local housing authority?

☐ Yes

☐ No

2. What is your total combined gross, annual household income? Please select one.

☐ 1 person = \$36,811 (or less)

☐ 3 persons = \$59,464 (or less)

☐ 2 persons = \$48,138 (or less)

☐ 4 persons = \$70,790 (or less)

☐ Other: \$ _____ Number of persons: _____

**Income derived from all members of household and from all sources for last calendar year. (Income includes pension, wages, Social Security, interest earnings, investment and dividend income, public assistance payments, etc.).*

3. Is the total combined gross household income equal to or less than 30 percent of the Salem/Keizer area median income as listed above?

☐ Yes

☐ No

4. Must provide proof of household income. Are you providing proof of your total combined household income?

☐ Yes

☐ No

SENIOR CITIZEN DISCOUNT:

1. Are you 75 years of age or older?
☐ Yes
☐ No

2. Must provide proof of age. Are you providing proof of age?
☐ Yes
☐ No

If you answered **yes** to all questions, you qualify for this program. Please be sure to sign and date this application. Please return your completed application to the **City Services Billing Department, PO Box 21000, Keizer, OR 97307 (503) 390-8280**.

Please Print

NAME _____ PHONE NO. _____

SERVICE ADDRESS _____ ZIP _____

MAILING ADDRESS (if different) _____ ACCOUNT NO. _____

DATE OF BIRTH _____ LAST 4 DIGITS OF SOCIAL SECURITY NO _____

DO YOU OWN YOUR OWN HOME? ☐ Yes ☐ No

I CERTIFY that the above information is true. If conditions change, I will notify the Utility Billing Department.

Signature _____ Date _____

If you have any questions or need additional information, please contact the **City Services Billing Department at 503-390-8280**

 **If you are already receiving the discount, YOU MUST REAPPLY ANNUALLY—if you are applying based upon low-income instead of age—to be eligible in order to continue receiving the discount.**

If you are applying for the first time, the discount will start the first bill after your application has been accepted.

Discount offer is subject to change