

2024 APPLICATION FORM
Resident Incentive Program
Sherman County, Oregon

Return by August 30, 2024

1. Name of Applicant _____

2. Age _____ Date of Birth _____

3. Physical Address of Residence _____

4. Mailing Address _____

5. Names of Other Household Residents and Relationship to Applicant -If not related state None.

Name/Relationship

Name/Relationship

a. _____ e. _____

b. _____ f. _____

c. _____ g. _____

d. _____ h. _____

6. Length of Time Residing at Above Address - Must be a continuous period - A break in residency for a period in excess of ninety (90) days starts the counting period over.

Years _____ Months _____

7. Day, Month, and Year Residency Commenced within Sherman County _____

8. List Any Other Address in Sherman County Where Applicant Resided as Head of Household During the Past Year:

9. **Certification:** *I hereby swear or affirm under penalty of perjury that the above statements made by me as head of household and applicant for the Resident Incentive Program are true as I verily believe, and I further certify that I am the only applicant as designated head of household for the address and residence listed above.*

Date: _____

Signature: _____

Property Tax Payment Option:

» Please Apply Payment to Sherman County Property Tax - Account No(s) _____

DO NOT WRITE BELOW THIS LINE

REVIEW PROCESS

I hereby certify that, as the appointed representative of the Sherman County Court, I have reviewed the above application and find as follows:

_____ Approve for Payment

_____ Deny Payment

Reason for Denial: _____

SHERMAN COUNTY COURT

By _____

Date _____

RETURN TO: Sherman County – 500 Court Street – PO Box 382 – Moro, OR 97039