## 2022 APPLICATION FORM Resident Incentive Program Sherman County, Oregon

Return by August 31, 2022

1.	Name of Applic	nt
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
	a	
	b	
	c	
	d	
	e	
6.	0	<b>Residing at Above Address</b> - Must be a continuous period - A break in residency for a period <i>v</i> (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 <u>Head of Household</u> During the Past Year	
9.	<b>Certification:</b> 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 above listed.	
Date		Signature
» Ple		o Sherman County Property Tax - Account No(s)
DO N	OT WRITE BELOW TH	S LINE
		<b>REVIEW PROCESS</b>
I here follov		pointed representative of the Sherman County Court, I have reviewed the above application and find as
101100		prove for Payment
	D	
Reaso	on for Denial:	
	RMAN COUNTY CO	
By		Date