



**Water and Sewer Affordability Program &
NEORS D Sewer Crisis Assistance Application**

INSTRUCTION: To receive assistance you must attach the following documents to this application: Proof of income (Past 90 Days), Water and Sewer Bills, Proof of Home Ownership, and Valid Photo I.D.

Sewer Crisis Applicants must also provide a copy of your Social Security Card, Electric Bill and Gas Bill.

COMPLETE ONE APPLICATION PER HOUSEHOLD

First Name	M.I.	Last Name	Social Security Number	
Address		City	Zip Code	County
Daytime Phone Number		Email Address	Date of Birth	
Name on Water Account			Water Account #	
Name on Sewer Account			Sewer Account #	
Are you related to a CHN employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the following: Employee's Name _____ Relationship to You _____				

Please provide the following information for all household members (Include yourself).
If necessary attach a separate sheet for additional household members.

Household Member	Age	Relationship to You	Social Security Number

Household Income

What was your total gross household income for the past 30 days? \$ _____

What is your household's source of income? (Check all that apply.)

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Pension | <input type="checkbox"/> Social Security | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> VA Pension | <input type="checkbox"/> SSDI | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> VA Disability | <input type="checkbox"/> SSI | <input type="checkbox"/> TANF | Other: _____ |

Documentation is required for the following exclusions:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Child Support (Paid) | <input type="checkbox"/> Medicare Payments | <input type="checkbox"/> Health Insurance Premiums | <input type="checkbox"/> Medicare Spend Down |
|---|--|--|--|

Have you been enrolled in PIPP Plus with the past 12 months? Yes No

Signature _____	Date _____
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Zero Income Self-Declaration

Instructions for this section: For individuals 18 or older with zero income who are being supported by another household member, use this section to tell us who is providing support.

Please Print	First Name	M.I.	Last Name	Supported By
	First Name	M.I.	Last Name	Supported By
	First Name	M.I.	Last Name	Supported By

Instructions for this section:

If you are receiving help paying your bills from a non household member, list the name(s) and phone numbers(s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly. Tell us the amount of each item and tell us how the bill is paid. You must tell us if the money provided is given as a loan or a gift.

First Name	Last Name	Daytime Telephone Including Area Code ()
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Explain how you are paying the following monthly expenses:

Bill	Monthly Amount	If paid by someone else, it is:	Bill	Monthly Amount	If paid by someone else, it is:
Rent/Mortgage	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Car Payment/Insurance	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Food	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Cable/Internet	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Gas	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Personal Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Electric	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Phone/Cell	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Other Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan

Instructions for this section:

Use this section to total your gross household income, source of income, and check if you receive public assistance. Use this space to list other income related information you believe may be important to your application.

1) What was your total gross household income for the last 12 months?

2) Do you receive Public Assistance? yes no | if yes, Case Number

3) Income Source (Check the income source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Interest | <input type="checkbox"/> Social Security | <input type="checkbox"/> TANF/DA | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension | <input type="checkbox"/> SSDI | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Self Employment | <input type="checkbox"/> SSI | <input type="checkbox"/> VA Disability | <input type="checkbox"/> Workers' Comp |

Other or No Income (List other income sources separately or explain how you pay your bills in the space below. If necessary, use an additional, signed sheet. Also, specify if the amounts received are gifts or loans.) An IRS transcript will be required.

X Signature _____

Application Date _____

**NEORSD Sewer Crisis Assistance Program
Application and Agreement**

(Continue **ONLY** if you are applying for the NEORSD Sewer Crisis Assistance Program)

I understand that the purpose of the Northeast Ohio Regional Sewer District's Crisis Assistance Program is to benefit customers affected by specific major event(s) in their life by offering a one-time financial assistance of up to a 50% credit toward an outstanding residential sewer service balance, up to \$300.

I hereby attest that I have experienced one or more of the following eligible major life events:

- Major Medical Expenses** – Not covered by any other source such as insurance or savings
- Employment Status Change** – Change in status such as loss of job or reduced hours/pay.
- Marital Status Change** – Change due to separation, divorce or death of spouse.

*I understand that I must provide documentation demonstrating financial hardship due to one, or more eligible Major Live Events.

HARDSHIP STATEMENT

Use the space below to briefly explain your particular crisis, and how it has affected you personally.

I understand that completion of this Application and Agreement does not guarantee that I will receive a credit under the NEORSD Sewer Crisis Assistance Program. I further understand that the NEORSD Sewer Crisis Assistance Program does not guarantee a payment plan, or guarantee that water shut-off will be suspended.

Customer Signature _____	Date _____
Address _____	Account Number _____
City _____	Zip Code _____