

HOMESTEAD WATER RATE .



FRANK G. JACKSON, MAYOR
CITY OF CLEVELAND, DEPARTMENT OF PUBLIC UTILITIES

___ 20 ___ HOMESTEAD WATER RATE APPLICATION (AGE 65 OR OVER)*
___ 20 ___ DISABILITY WATER RATE APPLICATION (UNDER AGE 65)*

APPLICANT NAME _____
ADDRESS _____
CITY AND ZIP CODE _____
WATER ACCOUNT # _____
DATE OF BIRTH _____

PERMANENT PARCEL NO.
[] [] []
FROM YOUR REAL ESTATE TAX BILL
PHONE NO. _____

\$ 33,000
2017

**Adjusted Gross Income, Old Age
& Survivors Benefits, Social Security,
other Retirement, Pension or Annuity,
all interest and dividends from whatever
source must be included in total income.**

| | INCOME: 2013-\$31,000: | 2014-\$31,500: | 2015-\$32,000* |
|--------------------|-------------------------------|-----------------------|------------------------|
| APPLICANT'S | 20 | 20 | ANNUAL INCOME \$ _____ |
| SPOUSE'S | 20 | 20 | ANNUAL INCOME \$ _____ |
| TOTAL | 20 | 20 | ANNUAL INCOME \$ _____ |

*Please indicate year and program discount for which you are applying.

PROPERTY MUST BE OWNER OCCUPIED. TYPE OF PROPERTY (PLEASE CHECK ONE):
___ SINGLE ___ DOUBLE ___ CONDOMINIUM ___ APARTMENT WITH # ___ SUITES
LEGAL INTEREST IN PROPERTY (CHECK ONE):
___ DEED ___ LAND CONTRACT ___ PURCHASE AGREEMENT ___ OTHER
(ATTACH PROOF)

I AUTHORIZE THE DIVISION OF WATER TO EXAMINE ANY FINANCIAL RECORDS THAT RELATE TO MY INCOME. I DECLARE UNDER PENALTIES OF PERJURY THAT THIS RETURN OF CLAIM (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENT(S)) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN AND REPORT.

DATE _____ SIGNATURE _____

PHYSICIAN'S STATEMENT - CERTIFICATE OF TOTAL DISABILITY IF UNDER 65 YEARS OF AGE

" 'PERMANENTLY AND TOTALLY DISABLED' MEANS A PERSON WHO HAS, ON THE DATE OF APPLICATION, SOME IMPAIRMENT IN BODY OR MIND THAT MAKES ONE UNFIT TO WORK AT ANY SUBSTANTIALLY REMUNERATIVE EMPLOYMENT WHICH THE PERSON IS REASONABLE ABLE TO PERFORM AND WHICH WILL, WITH REASONABLE PROBABILITY, CONTINUE FOR AN INDEFINITE PERIOD OR AT LEAST TWELVE MONTHS WITHOUT ANY PRESENT INDICATION OF RECOVERY THEREFROM OR HAS BEEN CERTIFIED AS PERMANENTLY AND TOTALLY DISABLED BY A STATE OR FEDERAL AGENCY HAVING THE FUNCTION OF SO CLASSIFYING PERSONS." (R.C. 323.151)

I (WE) HEREBY CERTIFY THAT _____ WAS, AS OF JANUARY 1, _____ AND IS NOW TOTALLY AND PERMANENTLY DISABLED BY VIRTUE OF PHYSICAL DISABILITY _____ OR MENTAL DISABILITY _____.

DATE _____ PHYSICIAN/PSYCHOLOGIST SIGNATURE _____

LICENSE NO. _____ PRINT NAME OF PERSON SIGNING _____

ADDRESS - STREET NO. - CITY - ZIP CODE _____

APPROVAL CONTINGENT UPON DOCTOR'S COMPLETION OF THIS PORTION.
PLEASE RETAIN YELLOW COPY FOR YOUR RECORDS.

DIVISION OF WATER
HOMESTEAD UNIT
P.O. BOX 94687
CLEVELAND, OH 44101-4687

FOR ADDITIONAL INFORMATION:
PHONE: (216) 664-3130

IF YOU ARE CURRENTLY RECEIVING A SEWER BILL FROM THE NORTHEAST OHIO REGIONAL SEWER DISTRICT, THIS APPLICATION WILL QUALIFY YOU FOR THEIR HOMESTEAD RATE.

CITY OF CLEVELAND MISSION STATEMENT

We are committed to improving the quality of life in the City of Cleveland by strengthening our neighborhoods, delivering superior services, embracing the diversity of our citizens, and making Cleveland a desirable, safe city in which to live, work, raise a family, shop, study, play and grow old.