

APPLICATION FOR REDUCED RATES FOR WATER, SEWER, AND REFUSE PICK UP FOR SENIOR CITIZENS OR DISABLED PERSONS

NAME: _____

ADDRESS: _____
(PERMANENT RESIDENCE, WHICH I OCCUPY)

ZIP: _____ PHONE: _____

OWNER _____ OR TENANT _____ OF THE PROPERTY LISTED ABOVE.

I hereby apply for reduced rates for water, sewer, well field protection, and refuse pick up rates for the following reason(s):

_____ I am a senior citizen (65 years of age or older)
Proof of age must be attached verified with a driver's license or birth certificate.

_____ I am disabled and attached is a copy of proof stating I am **100%** disabled from one of the following:

Supplemental Security Income or _____ Disability Insurance Benefits or _____
Public Employee Retirement Plan or System or _____ the United States Government _____

I CERTIFY THE FOLLOWING:

1. I AM LEGALLY RESPONSIBLE FOR PAYMENT OF UTILITIES FOR THE ABOVE LISTED ADDRESS.
2. WATER SERVICE IS FOR A SINGLE RESIDENTIAL UNIT WITH NO INCOME BEING DERIVED FROM RENTAL INCOME AT THE SERVICE ADDRESS.
3. I CERTIFY THAT THE TOTAL INCOME FROM ALL SOURCES, INCLUDING PENSIONS **FOR ALL PERSONS RESIDING IN MY RESIDENCE IS NOT MORE THAT \$25,000 PER YEAR.** (A COPY OF LAST YEAR'S TAX RETURN OR LETTER INDICATING AMOUNT OF INCOME MUST BE ATTACHED).

Section 2921.13 (A) (5) of the Ohio Revised Code provides:

No person shall knowingly make a false statement... (When) the statement is made with purpose to secure the issuance by a governmental agency of a license, permit authorization, certificate, registration or release.

Penalty: First degree misdemeanor and reinstatement of regular fees.

Signature _____
Date

THIS FORM MUST BE VERIFIED AT THE SENIOR CITIZEN FACILITY LOCATED AT 3907 CENTRAL AVE.

FOR OFFICE USE ONLY

Date Received _____ Verified by _____

Approved _____ Date _____

Account No. _____

If applying by mail please attach all documentation and mail to: Water Billing
One Donham Plaza
Middletown, OH 45042