

**APPLICATION FOR REDUCED RATES FOR WATER, SEWER, AND REFUSE PICKUP FOR  
SENIOR CITIZENS OR 100% 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 head protection, and refuse pick up rates for the following reason(s):

\_\_\_\_\_ I am a senior citizen (65 years of age or older)

Driver's license or birth certificate must be attached to verify proof of age

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

Supplemental Security Income \_\_\_\_\_

Disability Insurance Benefits \_\_\_\_\_

Public Employee Retirement Plan or System \_\_\_\_\_

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 THAN \$39,150 PER YEAR.** (A COPY OF LAST YEAR'S TAX RETURN AND LETTER FROM SOCIAL SECURITY 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  
=====

**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