

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