

Frank G. Jackson, Mayor
City of Cleveland
Department of Public Utilities

Homestead Water Rate Application (Age 65 or over)
Disability Water Rate Application (Less than 65)

Renewal Application
To be signed, completed and returned by March 31, 2016

Permanent Parcel Number

- -

Retrieve from your real estate tax bill

Date of Birth / /	Age	Telephone Number ()
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Income must be \$32,000 or less for Homestead Exemption

Applicant's 2015 Annual Income \$ _____

Spouse's 2015 Annual Income \$ _____

***Total 2015 Annual Income \$ _____**

**Adjusted gross income, old age & survivors benefits, social security, other retirement pension, or annuity, all interest must be added into total income.*

By signing below, the applicant states:

1. Is at least 65 years of age **OR** is totally disabled and under 65.
2. Property is occupied by the owner.
3. If necessary, the applicant agrees to produce income records relating to income earned.
4. Applicant agrees to observe all ordinances and rules of the Division of Water regarding water service to this property.
5. If any statement is falsified, applicant will lose the privilege of the homestead water rate for three years.
6. In the event the property is sold, applicant or his agent agrees to notify the Division of Water when the title transfers.

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 statements) 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

For more information, please contact (216) 664-3130