



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

20 HOMESTEAD WATER RATE APPLICATION (AGE 65 OR OVER)\* NEW APPLICATION or RENEWAL APPLICATION
20 DISABILITY WATER RATE APPLICATION (UNDER AGE 65)\* NEW APPLICATION or RENEWAL APPLICATION

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

PERMANENT PARCEL NO.
FROM YOUR REAL ESTATE TAX BILL
PHONE NO.

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

INCOME: 2016-\$32,500; 2017-\$33,000; 2018-\$33,500\*
APPLICANT'S 20 ANNUAL INCOME \$
SPOUSE'S 20 ANNUAL INCOME \$
TOTAL 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 (PLEASE 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 & REPORT. APPLICANT AGREES TO OBSERVE ALL ORDINANCES AND RULES OF THE DIVISION OF WATER REGARDING WATER SERVICE TO THIS PROPERTY. IF ANY STATEMENT IS FALSIFIED, APPLICANT WILL LOSE THE PRIVILEGE OF THE HOMESTEAD WATER RATE FOR THREE YEARS. IN THE EVENT THE PROPERTY IS SOLD, APPLICANT OR HIS AGENT AGREES TO NOTIFY THE DIVISION OF WATER WHEN THE TITLE TRANSFERS. FOR RENEWAL APPLICATION PLEASE RETURN BY MARCH 31ST ANNUALLY.

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 REASONABLY ABLE TO PERFORM AND WHICH WILL, WITH REASONABLE PROBABILITY, CONTINUE FOR AN INDEFINITE PERIOD OF 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 PHYSICIANS/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: (216) 664-3130