



**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.

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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 31<sup>ST</sup> 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