

**CITY OF CHARDON
2021 UTILITY DISCOUNT PROGRAM APPLICATION FORM
FOR SENIOR CITIZENS, DISABLED PERSONS, AND SURVIVING SPOUSES**

PLEASE READ PAGE 2 OF THIS APPLICATION BEFORE YOU COMPLETE IT.

WATER AND SEWER ACCOUNT NUMBER _____ _____ _____ (located on your water/sewer bill)

TYPE OF APPLICATION:

- SENIOR CITIZEN AGE 65 OR OLDER** >>>>
- SURVIVING SPOUSE** >>>>
- DISABLED PERSON** >>>>

(DISABLED APPLICANTS MUST COMPLETE THE MEDICAL CERTIFICATE ON PAGE 2 OF THIS FORM.)

NAME OF APPLICANT _____		NAME OF SPOUSE _____	
ADDRESS OF APPLICANT:	STREET _____	APARTMENT / UNIT # _____	
	CITY _____	STATE _____	ZIP CODE _____
PHONE NO _____			
AGE OF APPLICANT _____	APPLICANT DATE OF BIRTH:	MONTH _____	DAY _____ YEAR _____
AGE OF SPOUSE _____	SPOUSE DATE OF BIRTH:	MONTH _____	DAY _____ YEAR _____

INCOME INFORMATION: THE INCOME ASKED FOR BELOW ON LINE 1 ---TOTAL INCOME--- MAY BE TAKEN FROM YOUR FEDERAL INCOME TAX RETURN FOR LAST YEAR.

THE MAXIMUM INCOME ALLOWED FOR THIS APPLICATION MUST BE LESS THAN: >>>> \$30,000

APPLICANT AND SPOUSE		
	APPLICANT	SPOUSE
1) TOTAL INCOME FROM FEDERAL INCOME TAX RETURN FORM 1040 LINE 22, 1040A LINE 15, OR 1040EZ LINE 4	\$	
2) ADD TAX EXEMPT INTEREST AND/OR QUALIFIED DIVIDENDS	\$ +	\$ +
3) ADD NONTAXABLE RETIREMENT, PENSION AND ANNUITY BENEFITS	\$ +	\$ +
4) ADD UNEMPLOYMENT COMPENSATION EXCEEDING \$2,400	\$ +	\$ +
5) ADD NONTAXABLE SOCIAL SECURITY BENEFITS	\$ +	\$ +
6) ADD NONTAXABLE WORKERS' COMPENSATION BENEFITS	\$ +	\$ +
7) TOTAL INCOME: ADD LINES 1 THROUGH 6	\$	

I DECLARE UNDER PENALTY OF PERJURY THAT I RESIDE AT THE PROPERTY LISTED ABOVE , THAT I HAVE EXAMINED THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

SIGNATURE OF APPLICANT _____ DATE _____

FOR CITY OF CHARDON USE ONLY:		DISCOUNT PERCENTAGE APPROVED:	
<input type="checkbox"/> APPROVED	_____	<input type="checkbox"/>	LESS THAN \$15,000 40%
<input type="checkbox"/> DENIED	FINANCE DIRECTOR	<input type="checkbox"/>	\$15,000 TO \$19,999 35%
	_____	<input type="checkbox"/>	\$20,000 TO \$24,999 30%
	DATE	<input type="checkbox"/>	\$25,000 TO \$29,999 25%

PLEASE READ THIS BEFORE YOU COMPLETE THE APPLICATION FORM

WHAT YOUR SIGNATURE MEANS: By signing the application form, you authorize the examination of the financial records that relate to your income. You also affirm under penalty of perjury that the financial information you provide is correct for the purpose of qualifying for the utility discount program. A determination that an applicant willfully falsified information on any application may result in loss of the utility discount program for three years.

QUALIFICATIONS: To receive the utility discount you must (1) be at least 65 years of age on the date of application, or be permanently and totally disabled (see definition below), or be a surviving spouse (see below); (2) have total income of not more than the maximum allowed, and (3) occupy the home as your principal place of residence at the time of application.

TOTAL INCOME: Total income includes the income of all owners of the home or in the case of a tenant the individual listed on the lease, and includes the income of the spouse of each owner or tenant. Total income for the purpose of the utility discount program includes but is not limited to wages, salaries, tips, fees, interest, dividends, alimony, business income, capital gains, retirement income including pensions and annuities, rental income, unemployment compensation, social security benefits, workers' compensation or other disability benefits. **Please submit the financial documents that support the information listed on page 1.** All information will be kept confidential and will only be used in the review process of the application.

SURVIVING SPOUSE: A surviving spouse (1) must be the surviving spouse of a person who previously qualified for the utility discount program by reason of disability or age at the time of death, and (2) must have been at least 59 years old on the date of the decedent's death.

CERTIFICATE OF DISABILITY

Section 323.151, Revised Code, provides: "Permanently and totally disabled' means a person who has, on the first day of January of the year of application for reduction in real estate taxes, some impairment in body or mind that makes him unfit to work at any substantially remunerative employment which he 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 person."

In accordance with the above, I (we) hereby certify that _____ was, as of January 1, _____,
Applicant
and is now permanently and totally disabled by virtue of ___ physically disability or ___ mental disability.

License Number

Print Name of Person Signing

Physician (Signature)

Address (please print)

Psychologist (Signature)

City/State, Zip Code (please print)

Agency

Date

If Agency: Signature and Title of Person Completing Form