



MICHAEL P. SUMMERS, MAYOR
CITY OF LAKEWOOD, DIVISION OF UTILITY BILLING

20 HOMESTEAD WATER/SEWER RATE APPLICATION (AGE 65 OR OVER)
20 DISABILITY WATER/SEWER RATE APPLICATION (UNDER AGE 65)\*

STATEMENT OF APPLICANT: (Type or Print-Complete information required for processing)

APPLICANT NAME
ADDRESS
CITY AND ZIP CODE
WATER ACCOUNT NO.
DATE OF BIRTH
PHONE NO.

PERMANENT PARCEL NO.
FROM YOUR REAL ESTATE TAX BILL

INCOME: \$35,000 OR LESS FOR HOMESTEAD EXEMPTION

TOTAL HOUSEHOLD INCOME, OLD AGE AND SURVIVOR'S BENEFITS, SOCIAL SECURITY, OTHER RETIREMENT, PENSION OR ANNUITY, ALL INTEREST AND DIVIDENDS FROM ALL SOURCES MUST BE INCLUDED IN TOTAL INCOME.

20 TOTAL HOUSEHOLD ANNUAL INCOME \$

PROPERTY MUST BE OWNER OCCUPIED:

TYPE OF PROPERTY (CHECK ONE):
SINGLE DOUBLE CONDOMINIUM
APARTMENT w/ # SUITES
OTHER (Specify):

LEGAL INTEREST IN PROPERTY (CHECK ONE):
DEED LAND CONTRACT
PURCHASE AGREEMENT (attach proof)
OTHER (Specify):

BY SIGNING THIS APPLICATION, I AUTHORIZE THE DIRECTOR OF FINANCE TO EXAMINE ANY FINANCIAL RECORDS THAT RELATE TO INCOME EARNED BY THE APPLICANT AS STATED ON THE APPLICATION. I AGREE TO OBSERVE ALL ORDINANCES OF THE CITY OF LAKEWOOD AND THE RULES OF THE DIVISION OF UTILITY BILLING REGARDING THE SERVICE OF WATER TO THIS PROPERTY. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS APPLICATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT, AND COMPLETE.

DATE SIGNATURE OF APPLICANT

\*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 OR 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)

IN ACCORDANCE WITH THE ABOVE-NOTED STATUTES, I HEREBY CERTIFY THAT ON THIS DATE, APPLICANT WHO RESIDES AT IS PERMANENTLY AND TOTALLY DISABLED BY VIRTUE OF (circle one) PHYSICAL/MENTAL DISABILITY.

SIGNATURE OF PHYSICIAN/PSYCHOLOGIST
PRINTED NAME OF PERSON SIGNING LICENSE NO.
ADDRESS CITY STATE
ZIP CODE PHONE NO. ( )

APPROVAL CONTINGENT UPON DOCTOR'S COMPLETION OF THIS PORTION.

When approved, the special rate will apply starting with your next billing. Application must be renewed annually.

Mail completed form to:

LAKWOOD DIVISION OF UTILITY BILLING
12805 Detroit Avenue
Lakewood, OH 44107

For additional information,
call us at (216) 529-6820