



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

**RENEWAL APPLICATION**

*To be signed, completed, and returned by April 30, 2018*

**Check one:**

- Homestead Water/Sewer Rate Application (Age 65 or over)
- 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.  

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 FROM YOUR REAL ESTATE TAX BILL

**INCOME MUST BE \$35,000 OR LESS FOR HOMESTEAD EXEMPTION**

Total household income shall include the sum of all income of all adults occupying the dwelling unit. "Income" means all monies and compensation in any form, subject to limitations imposed by ORC 718, derived from any source whatsoever, including but not limited to all income, qualifying wages, commissions, other compensation and other income from whatever source received. Old age, survivor benefits, social security compensation, retirement benefits, pension, annuity and all interest and dividends must be included in total income.

**2017 TOTAL HOUSEHOLD ANNUAL INCOME:**     \$ \_\_\_\_\_

By signing below, the applicant agrees to the following statements:

1. The applicant is at least 65 years of age **OR** is totally disabled and under 65.
2. The property is occupied by the owner.
3. If deemed necessary, the applicant will produce income records relating to income earned.
4. The applicant will observe all ordinances and rules of the Division of Utility Billing 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, the applicant or an agent of the applicant will notify the Division of Utility Billing when the title transfers.

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 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

Mail completed form to:

**LAKEWOOD DIVISION OF UTILITY BILLING  
12805 Detroit Avenue  
Lakewood, OH 44107**

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