

Water & Sewer Utility & Crisis Assistance Programs



- *Get up to 40% off your water & sewer bills!*
- *Get up to \$300 credit toward your sewer bill!*

If you are a customer of the City of Cleveland's Division of Water and/or the Northeast Ohio Regional Sewer District, you may be eligible for assistance for *one, or both* of these programs!

Water & Sewer Affordability Program

Discounts of 40% on water and or sewer for income-eligible homeowners serviced by the City of Cleveland's Division of Water and/or Northeast Ohio Regional Sewer District.

*See income restrictions below.
You must own and live at the address on the application.*

2015 Utility Discount Income Guidelines 200% Federal Poverty Income Guideline Level

Size of Household	Annual Household Income
1	\$23,540
2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820

(add \$8,320 for each additional member)

Sewer Crisis Assistance Program

Northeast Ohio Regional Sewer District customers receive up to a \$300 sewer credit if you have a verifiable financial hardship that occurred within the past six (6) months (*e.g. major medical expenses, job loss, change in marital status*).

*No income restrictions.
You must own and live at the address on the application.
Verifiable financial hardship
Must be seen in person*



Safety Net & Support Services

To access these services:

1. Verify your eligibility.

Check your eligibility for the programs for which you are applying (*see left*).

2. Complete an application.

Be sure to include all requested documents as listed in the applications. (*Applications available at CHN main office and at www.chnnet.com.*)

3. Return application to CHN.

***Sewer Crisis Assistance applicants must apply in person.**

Walk-ins welcome!

**Monday-Friday
8:30 a.m. - 4:00 p.m.**

To make an appointment call 888.901.1222

Cleveland Housing Network
2999 Payne Avenue | 2nd Floor | Suite 208
Cleveland, OH 44114

4. Still have questions?

Call toll free
888.901.1222

Fax
216.325.6541

or Email
water@chnnet.com

Free parking is available.

216.574.7100 | www.chnnet.com
2999 Payne Avenue
Cleveland, OH 44114

Zero Income Self-Declaration

Instructions for this section: For individuals 18 or older with zero income who are being supported by another household member, use this section to tell us who is providing support.

Please Print	First Name	M.I.	Last Name	Supported By
	First Name	M.I.	Last Name	Supported By
	First Name	M.I.	Last Name	Supported By

Instructions for this section:

If you are receiving help paying your bills from a non household member, list the name(s) and phone numbers(s) and include a signed letter from that person. The letter should state how much and how often the money is given, and if the money is given to you or paid to your creditors directly. Tell us the amount of each item and tell us how the bill is paid. You must tell us if the money provided is given as a loan or a gift.

First Name	Last Name	Daytime Telephone Including Area Code ()
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Explain how you are paying the following monthly expenses:

Bill	Monthly Amount	If paid by someone else, it is:	Bill	Monthly Amount	If paid by someone else, it is:
Rent/Mortgage	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Car Payment/Insurance	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Food	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Cable/Internet	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Gas	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Personal Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Electric	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan
Phone/Cell	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan	Other Expenses	\$	<input type="checkbox"/> gift <input type="checkbox"/> loan

Instructions for this section:

Use this section to total your gross household income, source of income, and check if you receive public assistance. Use this space to list other income related information you believe may be important to your application.

1) What was your total gross household income for the last 12 months?

2) Do you receive Public Assistance? yes no | if yes, Case Number

3) Income Source (Check the income source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Interest | <input type="checkbox"/> Social Security | <input type="checkbox"/> TANF/DA | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Pension | <input type="checkbox"/> SSDI | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Self Employment | <input type="checkbox"/> SSI | <input type="checkbox"/> VA Disability | <input type="checkbox"/> Workers' Comp |

Other or No Income (List other income sources separately or explain how you pay your bills in the space below. If necessary, use an additional, signed sheet. Also, specify if the amounts received are gifts or loans.) An IRS transcript will be required.

X Signature _____

Application Date _____

**NEORSD Sewer Crisis Assistance Program
Application and Agreement**

(Continue **ONLY** if you are applying for the NEORSD Sewer Crisis Assistance Program)

I understand that the purpose of the Northeast Ohio Regional Sewer District’s Crisis Assistance Program is to benefit customers affected by specific major event(s) in their life by offering a one-time financial assistance of up to a 50% credit toward an outstanding residential sewer service balance, up to \$300.

I hereby attest that I have experienced one or more of the following eligible major life events:

- Major Medical Expenses** – Not covered by any other source such as insurance or savings
- Employment Status Change** – Change in status such as loss of job or reduced hours/pay.
- Marital Status Change** – Change due to separation, divorce or death of spouse.

***I understand that I must provide documentation demonstrating financial hardship due to one, or more eligible Major Live Events.**

HARDSHIP STATEMENT

Use the space below to briefly explain your particular crisis, and how it has affected you personally.

I understand that completion of this Application and Agreement does not guarantee that I will receive a credit under the NEORSD Sewer Crisis Assistance Program. I further understand that the NEORSD Sewer Crisis Assistance Program does not guarantee a payment plan, or guarantee that water shut-off will be suspended.

Customer Signature_____

Date_____

Address

Account Number

City

Zip Code