



Cleveland Division of Water Affordability Program

Water & Sewer Affordability Program ---The Water Affordability Program is designed to assist income eligible **homeowners** with a **40% discount** on both water and sewer bills.

IN ORDER TO QUALIFY APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS:

- Primary homeowner and occupy the home for which you are applying
- Total household income cannot exceed 200% poverty income guidelines
- Serviced by City of Cleveland Division of Water
- **Under the age of 65** (unless household income exceeds \$30,385)

INCOME GUIDELINES

Size of Household	Annual Household Income
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020

Add \$7,920 for each additional member

Please fill out the attached application for the **Water Affordability Program**. In order to ensure that your application is processed in a timely manner, please include:

- Proof of all household income for the last 90 days
- Current Electric Bill
- Current Gas Bill
- Current Water Bill
- Proof of Homeownership

NEORSD Sewer Affordability Program --- The Sewer Affordability Program is designed to assist income eligible **homeowners** with a **40% discount** on their sewer bills

IN ORDER TO QUALIFY APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS:

- Primary homeowner and occupy the home for which you are applying
- Total household income cannot exceed 200% poverty income guidelines
- Serviced by Northeast Ohio Regional Sewer District

Sewer Affordability Program begins January 1, 2012.

If you have any questions please feel free to contact agency representatives
Malinda Thornton (Program Coordinator) (216) 672-3525
Nadine Thompson..... (216) 774-2386
Alishia Richardson..... (216) 774-2354
Brandy Shanko..... (216) 774-2342

Or call toll free (888) 901-1222

VISIT US ON THE WEB: WWW.CHNNET.COM



Water & Sewer
Affordability Program Application

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
 AND ATTACH REQUIRED PROOF

A copy of your most recent water bill along with current income and homeownership

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Are you currently Homestead exempted? **Yes () No ()**

If **yes**, your Homestead discount will exceed THIS program discount; however, please continue to complete this form to see if you qualify for other existing programs through Cleveland Housing Network.

If **No**, you may qualify for Homestead if age 65 or over, under age 65 with total disability and a physician’s statement; income of no more than \$30,385 annually and the property must be owner-occupied.

Are you the home owner **AND** occupant? **Yes () No ()**

PLEASE PRINT

First Name	M.I.	Last Name	Your Social Security Number ---- ----
Current Mailing Address (no. and street, including route)		Apt. #	
City and State	Zip Code	Ohio County	
Daytime Telephone including Area Code ()	E-mail Address (OPTIONAL)	Date of Birth	
Name on Water Account	Water Account Number		

1. Check the box that most closely describes the type of building you live in. (Check one box only)
 () Single Family () Multi-Family () Condominium () Mobile Home
2. Including yourself, please list names, relationships, social security number(s) of everyone living at the residence. If necessary, attach a separate sheet for additional family members.

Household Members	Age	Relationship to You	Social Security Number
		SELF	

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Continue on other side

3. What was your total gross household income for the last **90 days**? _____

4. **INCOME** (if you Household currently have none of the countable income sources listed below skip and complete **SELF DECLARATION FORM**)

- Wages Pension Social Security Child Support
- Self-Employment VA Pension SSDI Unemployment
- VA Disability SSI TANF Other _____
- No Income (please fill out attached self declaration*)

Documentation is required for the following income exclusions:

- Child Support (PAID) Health Insurance Premiums (not deducted from wages)
- Medicare Payments Medicare Spend-Down

6. Have you been enrolled on the PIPP Plus in last 12 months () **Yes** () **No**

If you wish to determine eligibility for other CHN programs

Name on Gas Account	Gas Account Number
Name on Electric Account	Electric Account Number

Signature _____ **Date** _____

***Self Declaration of No Income**

I, _____, affirm that during the last 90 days from my application date, my household (including myself and any member of my household age 18 and above) has not received income from any source. Please explain how have your household has been able to maintain during this period:

Signature _____ **Date** _____

For office use only:

Date received: _____
Intake date: _____
Date processed: _____
Intake Staff: _____
Client Number: _____

Return Completed Application to:
The Cleveland Housing Network
P.O. Box 603187
Cleveland, Ohio 44103

Completed applications can also be
faxed to (216) 325-6541

- Approved
- Denied (reason for denial) _____
- Pending (returned to applicant for the following information)