

RETURN COMPLETED FORM TO: 104 3rd St NW
BARBERTON, OH 44203

DATE _____

CITY OF BARBERTON
2008 DISABILITY Application for Reduction of Water Rates

1. Applicant's Name: _____
2. Applicant's Social Security Number: _____
3. Applicant's Address: _____
4. Applicant's Age: _____ Date of Birth: _____
5. Spouse's Name: _____
6. Spouse's Social Security Number: _____
7. Spouse's Address: _____
8. Spouse's Age: _____ Date of Birth: _____
9. Is the structure a single family dwelling? (please circle) Yes No
10. Is the title to the structure in the name of the: Applicant Spouse or Both? (please circle)
11. Is the structure located within the corporate limits of the City of Barberton? (please circle) Yes
No
12. Are you permanently disabled? (please circle) Yes No
13. What is the percentage of permanent disability? _____%
14. * What state or federal agency determined that you were permanently disabled? _____

15. Is your spouse permanently disabled? (please circle) Yes No
16. What is the percentage of permanent disability of your spouse? _____%
17. * What state or federal agency determined that your spouse was permanently disabled? _____

18. Applicant's Yearly Income: \$ _____
Spouse's Yearly Income: \$ _____

- ** Total Income: \$ _____

*NOTE: PERMANENT DISABILITY MUST HAVE BEEN DETERMINED BY THE SOCIAL SECURITY ADMINISTRATION, WORKMEN'S COMPENSATION, VETERAN'S ADMINISTRATION OR ANY OTHER STATE OR FEDERAL AGENCY ACCEPTABLE TO THE CITY OF BARBERTON. APPLICANT OR APPLICANT'S SPOUSE, AS THE CASE MAY BE, MUST PRESENT DOCUMENTED EVIDENCE OF PERMANENT DISABILITY FROM AN ACCEPTABLE STATE OR FEDERAL AGENCY.

**NOTE: INCOME INCLUDES, BUT IS NOT LIMITED TO, WAGES, SOCIAL SECURITY, OLD AGE AND SURVIVOR'S BENEFITS, PENSIONS, RETIREMENT AND ANNUITY INCOME, RENTAL INCOME, AND INTEREST AND DIVIDENDS FROM WHATEVER SOURCE. IF THE YEARLY INCOME OF APPLICANT EXCEEDS \$17,867.50 OR COMBINED APPLICANT AND SPOUSE EXCEEDS \$23,957.50, THERE SHALL BE NO REDUCTION IN THE RATE CHARGED.

19. By signing this application, I/we hereby authorize the Director of Utilities, or the designated agents of either or both, to examine any and all financial records that may relate to this application.

(OVER)

20. I/we declare, under the penalties of falsification, Section 606.10, Barberton Codified Ordinances, that this application has been examined by me/us and to the best of my/our knowledge and belief is a true and accurate statement.

Signed and acknowledged in the presence of:

Witness

Applicant

Witness

Applicant's Spouse

OFFICE USE ONLY

Account number: _____

Meets requirements: Yes _____ No _____

Approved by: _____
Director of Utilities

Date approved: _____, 20____

Comments: _____
