

RETURN COMPLETED FORM TO: *City of Barberton*
Utilities Office
576 W. Park Avenue
Barberton, OH 44203

DATE _____

Age and Income Based

CITY OF BARBERTON
2009 Application for 20% Reduction of Water Rates

1. Applicant's Name: _____ Phone: _____
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? Yes No (please circle)
12. Number of occupants, family, friends living in home for three months or more _____
13. Applicant's Yearly 2008 Income: \$ _____
Spouse's Yearly 2008 Income: \$ _____
Other Occupant's 2008 Income: \$ _____
* Total Income: \$ _____

*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. APPLICANT MUST BE 62 YEARS OF AGE OR OVER. APPLICANT MUST BE OWNER AND RESIDENT OF A SINGLE FAMILY DWELLING AND MUST BE A RESIDENT OF THE CITY OF BARBERTON.

14. 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.
15. 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 Name Applicant

Witness Address

Witness Name Applicant's Spouse

Witness Address

OFFICE USE ONLY

Account number: _____

Meets requirements: Yes _____ No _____

Approved by: _____

James A. Stender
Director of Utilities

Date approved: _____, 20____

Comments: _____

