



City of Barberton

Founded 1891

Residential Services Relief Program

If you are a homeowner in Barberton who meets one of the criteria below, you may be eligible for a reduction in service rates.

Standard Requirements for all four exemptions below:

1. Must own home and claim as primary residence as of January 1, of the year of application.
2. Both application and spouse must provide proof of age and current residency by submitting a photocopy of a valid Ohio driver's license or State ID. (Applicant Only for Exemption 4)

1.) Age 65 years or older, and household income not to exceed \$36,100 annually

- Must be age 65 by December 31 in year of application
- MOAGI (Modified Ohio Adjusted Gross Income) of applicant and spouse must not exceed \$36,100 in the year of application. A copy of your State of Ohio tax return [1040/1040A] or a Form DTE 105H issued by the Ohio Department of Taxation must be provided for income verification. Applicant may back file if approved for current year

2.) Permanently and totally disabled, no age requirement

- Must provide documentation of disability (documentation must include date declared disabled)
- MOAGI (Modified Ohio Adjusted Gross Income) of applicant and spouse must not exceed \$36,100 in the year of application (excluding disability income). A copy of your State of Ohio tax return [1040/1040A] or a Form DTE 105H issued by the Ohio Department of Taxation must be provided for income verification. Applicant may back file if approved for current year

3.) Military Veteran, 100% disability, no age or income requirement

- Must have received a total (100%) rating for service-connected disabilities OR have received a total (100%) rating for compensation for military service-connected disabilities based on a determination of individual unemployment
- Must provide documentation of disability by submitting a copy of the VA award letter assigning disability rating at 100% OR documentation granting total compensation at the 100% level and a copy of the finding that the veterans' application of "individual unemployability" has been granted
- Must provide a copy of military discharge form DD214, displaying honorable discharge

4.) Surviving spouse of a first responder, no age or income requirement

- Public service officer is a paramedic, emergency medical technician (including EMT-basic, EMT-I, and "first responder" classes), a paid or volunteer firefighter, or a police officer, sheriff, deputy sheriff, or other class of peace officer as defined for the purposes of the law governing the authority to arrest or issue citations

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

DATE: _____

Age 65 and older & Disability

CITY OF BARBERTON
APPLICATION FOR REDUCTION OF WATER RATES AND RESIDENTIAL SERVICES RELIEF PROGRAM

(Residential Service Relief Program includes reduction in monthly curbside
trash/recycle rates and reduction in water fees)

Applicant's Name: _____

Applicant's Social Security Number: _____

Applicant's Address: _____

Applicant's Age: _____

Spouse's Name: _____

Spouse's Social Security Number _____

Spouse's Address: _____

Spouse's Age: _____ Date of Birth: _____

Is the structure a single family dwelling? (Please circle) Yes No

Is the title to the structure in the name of the Applicant Spouse or Both? (please circle)

Are there any other owners? (Please Circle) Yes No

Is the structure located within the corporate limits of the City of Barberton? (Please circle) Yes No

Are you permanently disabled? (Please circle) Yes No N/A

What is the percentage of permanent disability? _____%

*What state or federal agency determined that you were permanently disabled _____?

Number of occupants, family, friends living in home for three months or more _____

Applicants Yearly Income _____?

Other Household Income _____?

Total Income _____?

** ANNUAL VERIFICATION MAY BE REQUIRED.

* 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 COMBINED HOUSEHOLD INCOME EXCEEDS \$36,100, THERE SHALL BE NO REDUCTION IN THE RATE CHARGED. APPLICANT MUST BE OWNER AND RESIDENT OF A SINGLE FAMILY DWELLING AND MUST BE A RESIDENT OF THE CITY OF BARBERTON.

Income Verification: Please attach a copy of your Federal Income Tax Return for previous year.

If you don't file a tax return, please check box and attach proof of income.

By signing this application, I/we 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.

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 your knowledge and belief is a true and accurate statement.

Applicant _____

Applicant's spouse _____

Signed and acknowledged in the presence of:

Witness _____

Witness Address _____

OFFICE USE ONLY

Account number: --- * ---

Meets requirements: Yes ___ No ___

Approved by: _____

Dennis Weaver
Director of Utilities

Date approved: --- * --- 20__

Comments: _____
