



City of Rittman

330/ 925-2059

330/ 925-2066 FAX

UTILITIES DISCOUNT INFORMATION

DECEMBER 2021

Pursuant to Ordinance #7472 the City of Rittman has the authority to offer utility discounts to senior citizens who are qualified as low income.

ELIGIBILITY REQUIREMENTS

Must meet **ALL** of the following criteria:

- 65 years of age or older.
- Be the occupant at the service address with the city utilities bill in your name.
- Not live in a house or an apartment that is subsidized by the federal government.
- Permanent resident at the service address. Must reside at the service address for a minimum of 180 days per year and receive mail locally all year. IE: Not seasonal or part-time.
- Signed application submitted annually. Failure to do so will result in cancelation of the discount.
- **TOTAL** income available from all people living at the residence may not exceed two (2) times the federal poverty guidelines as published by the US Census Bureau each year. (Guidelines Below)

SIZE OF HOUSEHOLD	TOTAL HOUSEHOLD INCOME FOR 12 MONTHS
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000

You must provide proof of income for everyone living in the household. Proof of income includes: Benefit Letters from Social Security (excluding Medicare premiums), Tax Forms/ Schedules, Pensions, Worker's Compensation, Business Income, Rental Property, Disability Benefits, etc. **Failure to provide the required documents will delay the processing of your application. *EXAMPLE ATTACHED***

Your New Benefit Amount

Benefit Year Should be 2022

BENEFICIARY'S NAME:

Your Social Security benefit will increase by 1.3% in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,875.50
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$148.50
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about January 13, 2021.	\$1,727.00

The information
Please remember

EXAMPLE

deductions.
which it is due.

The Treasury

If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.org or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

electronically.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.

If You Have Questions

- Visit us at www.ssa.gov online.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
- Contact your nearest Social Security office.

2345 GATEWAY DR STE B
WOOSTER OH 44691



APPLICATION

2022

LOW INCOME SENIOR CITIZEN UTILITIES DISCOUNT

COMPLETE ONE APPLICATION PER HOUSEHOLD

Please complete all items, attach the required proof and return to the City of Rittman, 30 N. Main St. Rittman, Ohio or Email kfetter@rittman.com. Applications must be submitted **NO LATER** than **Tuesday, February 1, 2022**. The discount period will apply to billing in February 2022 through February 2023.

FIRST NAME	MIDDLE INITIAL	LAST NAME
SERVICE ADDRESS		TELEPHONE #
UTILITIES ACCOUNT# (ON INVOICE)	DATE OF BIRTH (MONTH/ DAY/ YEAR)	

Including yourself, please list the names, relationships, and total **GROSS** incomes before taxes of everyone living in your household. Include all income of all persons living in your residence except for wage or salary income earned by dependent minors under 18. (**ATTACH PROOF OF INCOME** as described on instruction page) Failure to provide the required proof of income for all persons listed will delay processing of the application.

HOUSEHOLD MEMBER NAME (Over 18 years)	RELATIONSHIP TO YOU	GROSS INCOME
	SELF	

TOTAL HOUSEHOLD MEMBERS... TOTAL INCOME...

I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be civilly and criminally liable for knowingly providing false or fraudulent information. I have read, understand, and meet all of the eligibility requirements. I further understand that if at any future date I no longer meet the eligibility criteria, it is my obligation to advise the City of Rittman. Failure to do so may result in back billing to the date of ineligibility.

X Sign Here _____ Application Date _____