

City of Rittman

330/ 925-2059

330/ 925-2066 FAX

UTILITIES DISCOUNT INFORMATION

DECEMBER 2015

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

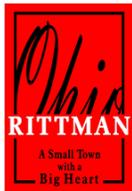
ELIGIBILITY REQUIREMENTS

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	\$23,540.00
2	\$31,860.00
3	\$40,180.00
4	\$48,500.00

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.



APPLICATION

2016

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. Applications must be submitted **NO LATER** than **Wednesday, February 10, 2016**. The discount period will apply to billing in February 2016 through February 2017.

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 _____