



# City of Lorain

## Application for Golden Age and Disability Discount for Water and Sewer Bills

Account Number: \_\_\_\_\_ Three Digit Number: \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you own your home?  Yes  No      Type of Property:  Single  Duplex  Condo

Number of Persons Residing at this Residence: \_\_\_\_\_

List All Other Person(s) in your Household Eighteen (18) Years of Age or Older

	Name	Age	Social Security #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Adjusted gross income, including old age benefit social security, other retirement pension or annuity; all interest and dividends from whatever source must be included.

Applicant's Income: \_\_\_\_\_  
 Other Household Income: \_\_\_\_\_  
 Total Household Income: \_\_\_\_\_

*These rates shall not be available where the members of the household have earnings above the federal poverty guideline. See below for further details.*

Application is accompanied with a doctor's certification and or certification or proof by Social Security Administration and/or Veteran's Administration?  Yes  No

By signing this application, I authorize the City Auditor or Director of Utilities to examine any financial records that relate to income earned by the applicant as stated on this application. No discount of water rates shall be made to any person convicted of violating Section 911:307 of City Ordinance #42-80 for a period of three (3) years following conviction. No discount of water rates shall be made to any person convicted of violating Section 913.307 of City Ordinance #42-80 for a period of three (3) years following conviction.

"I do declare under penalties of perjury that information given on this application, including my accompanying statements and data has been examined by me and to the best of my knowledge and belief is a true, correct and complete return report."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**CITY OF LORAIN, OHIO UTILITIES DEPARTMENT  
1106 FIRST ST LORAIN OH 44052  
440-204-2500**

Re: Qualification for Golden Age and Disabled Discount

To Whom It May Concern:

The Lorain Utilities Department offers a discounted rate to any person who:

1. Is sixty-five (65) years of age or older or is totally disabled as established by the Social Security Administration or Veteran's Administration and verified by a physician's medical certificate; and
2. Is the owner of the residence inside the City limits being serviced and can only be applied to the property that the applicant lives in; and
3. Is the head of his or her household; and
4. Can provide a copy of his or her most current Federal Form 1040 or other valid proof of income.
5. Has a total income of that falls below 110% of the Federal Poverty Guidelines, to include the income of all other residents living at the property. (Total household income must include old age benefits, Social Security benefits, other retirement pension or annuity: all interest or dividends from whatever source must be included; disability benefits and includes the income of all other residents living at the property.)

THESE RATES SHALL NOT BE AVAILABLE WHERE ALL MEMBERS OF THE HOUSEHOLD HAVE COMBINED EARNINGS ABOVE 110% OF THE FEDERAL POVERTY GUIDELINES.

If you have any questions or need help filling out this form, please come to our office at 1106 First ST or call 204-2500, Option 3. We advise not calling during the first week of each month due to high call volume.

Lorain Utilities Department

**MUST PROVIDE PROOF OF INCOME**

2022 POVERTY GUIDELINES

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PERSONS IN FAMILY/HOUSEHOLD

110%  
GUIDELINE

1	\$14,949
2	\$20,141
3	\$25,333
4	\$30,525
5	\$35,717
6	\$40,909
7	\$46,101
8	\$51,293

For families/households with more than 8 persons, add \$4,598 for each additional person.

Eligibility for discount must be below listed total income.

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