



CLEVELAND HEIGHTS

HOMESTEAD SEWER RATE APPLICATION

APPLICANT NAME: _____

ADDRESS: _____

CITY AND ZIP CODE: _____

SEWER ACCOUNT NO.: _____

DATE OF BIRTH: _____

PERMANENT PARCEL NUMBER: _____

(FROM YOUR REAL ESTATE TAX BILL)

PHONE NUMBER: _____

SOCIAL SECURITY NO.: _____

PROPERTY MUST BE OWNER-OCCUPIED: *NOTE: Enclose a copy of the deed or property tax bill AND Northeast Ohio Regional Sewer District (NEORSD) Approval Form along with valid ID.*

TYPE OF PROPERTY (PLEASE CHECK ONE): Single Double Condominium

Adjusted Gross Income, Old Age & Survivors Benefits, Social Security, other Retirement Pension or Annuity, all interest and dividends from whatever source must be included in total income

INCOME OF \$33,000 OR LESS

APPLICANT'S ANNUAL (20____) INCOME \$ _____
SPOUSES ANNUAL (20____) INCOME \$ _____
TOTAL ANNUAL (20____) INCOME \$ _____

I AUTHORIZE THE CITY OF CLEVELAND HEIGHTS TO EXAMINE ANY FINANCIAL RECORDS THAT RELATE TO MY INCOME. I DECLARE UNDER PENALTIES OF PERJURY THAT THIS RETURN OF CLAIM (INCLUDING ANY ACCOMPANYING STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND A COMPLETE REPORT. IF ANY STATEMENT IS FALSIFIED, APPLICANT WILL LOSE THE PRIVILEGE OF THE HOMESTEAD SEWER RATE FOR THREE YEARS. IN THE EVENT THE PROPERTY IS SOLD, APPLICANT OR HIS AGENT AGREES TO NOTIFY THE CITY OF CLEVELAND HEIGHTS WHEN THE TITLE TRANSFERS.

Date _____

Signature _____

PHYSICIAN'S STATEMENT- CERTIFICATE OF TOTAL DISABILITY IF UNDER 65 YEARS OF AGE

"'PERMANENTLY AND TOTALLY DISABLED' MEANS A PERSON WHO HAS, ON THE DATE OF APPLICATION, SOME IMPAIRMENT IN BODY OR MIND THAT MAKES ONE UNFIT TO WORK AT ANY SUBSTANTIALLY REMUNERATIVE EMPLOYMENT WHICH THE PERSON IS REASONABLY ABLE TO PERFORM AND WHICH WILL, WITH REASONABLE PROBABILITY, CONTINUE FOR AN INDEFINITE PERIOD OF AT LEAST TWELVE MONTHS WITHOUT ANY PRESENT INDICATION OF RECOVERY THEREFROM OR HAS BEEN CERTIFIED AS PERMANENTLY AND TOTALLY DISABLED BY A STATE OR FEDERAL AGENCY HAVING THE FUNCTION OF SO CLASSIFYING PERSONS." (R.C. 323.151)

I HEREBY CERTIFY THAT _____ WAS, AS OF _____, 20____, AND IS NOW TOTALLY AND PERMANENTLY DISABLED BY VIRTUE OF PHYSICAL DISABILITY _____ OR A MENTAL DISABILITY _____.

DATE: _____

PHYSICIAN/PSYCHOLOGIST SIGNATURE _____

LICENSE NO.: _____

PRINTED NAME OF PERSON SIGNING _____

PHONE NO.: _____

STREET ADDRESS, CITY, ZIP CODE _____

APPROVAL CONTINGENT UPON DOCTOR'S COMPLETION OF THIS PORTION. IF SUBMITTING ELECTRONICALLY INCLUDE LETTER FROM PHYSICIAN THAT INCLUDES ALL OF THE ABOVE REQUIRED INFORMATION.

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE COMPLETED COPY WITH DOCUMENTATION TO:
CITY OF CLEVELAND HEIGHTS, UTILITIES DIVISION, 40 SEVERANCE CIRCLE, CLEVELAND HEIGHTS, OH 44118
Or Submit Online

For additional information call: 216-291-5995