



CLEVELAND HEIGHTS

SEWER AFFORDABILITY PROGRAM APPLICATION

REQUIRED

APPLICANT MUST OWN AND RESIDE AT PROPERTY: Please Enclose a copy of a valid ID AND a copy of a Current Approval Letter or Bill from Cleveland Water or Northeast Ohio Regional Sewer District Providing Proof of Currently Receiving Discount.

COMPLETE ONE APPLICATION PER HOUSEHOLD

Full Name:	Address:
Phone Number:	Email:
Utility Account Number:	Date of Birth:

Please provide the following information for all household members *including yourself*. If necessary attach a separate sheet for additional household members

Household member	Date of Birth	Relationship to You	Income Source	Disabled?
		Self		<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Annual Household Income: \$ _____

Signature:	Date:
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PLEASE RETAIN YELLOW COPY FOR YOUR RECORDS AND RETURN THE COMPLETED WHITE COPY WITH DOCUMENTATION TO:
CITY OF CLEVELAND HEIGHTS, UTILITIES ADMINISTRATION, 40 SEVERANCE CIRCLE, CLEVELAND HEIGHTS, OH 44118

For Additional Information call: (216) 291-5995 (Utility Billing Option)