



CLEVELAND HEIGHTS

SEWER AFFORDABILITY PROGRAM APPLICATION

INSTRUCTION: To receive assistance you must attach the following documents to this application: *Proof of Residency, Northeast Ohio Regional Sewer District (NEORS D) Approval Form, and Valid Photo I.D.*

COMPLETE ONE APPLICATION PER HOUSEHOLD

First Name	Last Name	Social Security Number
Address	City	Zip
Daytime Telephone Number	Email Address	Date of Birth
Name on Sewer Account	Sewer Account Number	

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 A COPY FOR YOUR RECORDS. 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