

**WATER\SEWER PROGRAM FOR
DISCONNECTS UP TO \$350.00**

January 1, 2026 – Until Funding Depleted

Eligibility Criteria

1. Income Level:

- Must be at or below the **200% poverty ratio level** (see chart below)
- Water must be in **disconnect**

Required Documents

1. Proof of Income:

- Income documentation for the **last 30 days** for all household members aged 18 and older.

2. Utility Bill:

- Water bill must be in household members name over 18 years old.

3. Social Security Cards:

- Social Security cards for everyone living in the household.

2026 – 2027 INCOME GUIDELINES

FAMILY SIZE	MONTHLY	ANNUALLY
1	\$2,510.00	\$30,120.00
2	\$3,407.00	\$40,880.00
3	\$4,303.00	\$51,640.00
4	\$5,200.00	\$62,400.00
5	\$6,097.00	\$73,160.00
6	\$6,993.00	\$83,920.00
7	\$7,890.00	\$94,680.00
8	\$8,787.00	\$105,440.00

Client Number		Agency		Application Date	
Primary Applicant First Name		M.I.		Last Name	
Social Security Number		Date of Birth		Gender	
____/____/____		____/____/____		☐ Female ☐ Other ☐ Male	
Household Information					
Household Size		Family Type		Building Type	
		☐ Single Parent/Female ☐ Single Parent/Male ☐ Two-Parent Household ☐ Single Person ☐ Two Adults/No Children ☐ Non-related Adults with children ☐ Multigenerational Household ☐ Other		☐ Mobile Home ☐ Single Family ☐ Multi-family low rise (3 stories or less) ☐ Multi-family high rise (3 stories or more)	
Housing Status					
☐ Own ☐ Rent ☐ Other Permanent Housing ☐ Homeless ☐ Other					
Customer Address					
Current Service Address			Apartment/Lot/Unit Floor		
Current Mailing Address (if different from above)			Apartment/Lot/Unit Floor		
City	State	Zip Code	County		
Phone Number			Email Address		
Preferred method of contact					
Primary Applicant Demographic Information					
Ethnicity		Race		Education	
☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins		☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Other ☐ Unknown/Not-reported ☐ White		☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school	
Is Client Disabled?		Military Status		Is Client a US Citizen?	
☐ Yes ☐ No		☐ Veteran ☐ Active Military		☐ Yes ☐ No	
Work Status		Health Insurance Type		Non-Cash Benefits	
☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months or less) ☐ Unemployed (long-term, more than 6 months) ☐ Unemployed (not in labor force) ☐ Retired ☐ Unknown/not reported ☐ Youth ages 14-24 who are neither working nor in school		☐ Medicaid ☐ Medicare ☐ Private/Employment Based ☐ Self-Insured/Direct Pay ☐ None ☐ State Children's Health Insurance Program ☐ State Health Insurance for Adults		☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing ☐ SNAP ☐ WIC	

Additional Household Members		
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/___	___/___/___	☐ Female ☐ Other ☐ Male
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Countable Income Information			
Client Name		Total Amount Received	Period Received (30, 90 or 365 days)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Income Category		Frequency	Total Amount
Fixed Countable Income	Supplemental Security Income (SSI) (See E-2.3)	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	\$ _____
	Social Security Disability Insurance (SSDI) (See E-2.3)		
	Social Security Retirement (SS) (See E-2.3)		
	Pension (examples are government, military and private)		
	Widow/Widower's benefit		
	Alimony		
	Black Lung pension		
Earned Countable Income	Wages (salary, tips, commission, bonuses, etc.)	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	\$ _____
	Active Military Pay		
Other Earned Countable Income	Seasonal Employment	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	\$ _____
	Self-employment		
Supplemental Countable Income	Unemployment	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	\$ _____
	Utility Assistance		
	Workers' Compensation		
	Ohio Works First		
	Temporary Assistance for Needy Families (TANF)		
	Employment Disability Payouts		
Other Countable Income	Strike Benefit	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	
	Cash withdraws from: Individual Retirement Accounts, Annuities,		
	Other investments		
	Lump sum payout from: Estate & Trust settlements, Divorce settlements, insurance payout, lottery winnings		
	Interest Income		
None			\$
Total			\$
Deductions			
Deductible Income		Frequency	Total
Health Insurance Premiums		☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	\$ _____
Short and Long-Term Disability Premiums			
Prescription Plans			
Health Care Spending Accounts			
Medicaid Spend Down (deductibles)			
Medicare Premiums			
Child Support paid-out			
Attorney fees for estate or trust settlements			
Self-employment IRS allowable business expenses			
Reimbursement for work expenses			
Total Household Income (Countable Income – Deductions)			\$
Federal Poverty Level			%

Excluded Income		
Excluded Income	Frequency	Total Amount
Agency Orange Pension Veterans affairs, service related disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	\$ _____

Expenses	
Expense Type	Total Monthly Expense amount
Food	\$ _____
Shelter	\$ _____
Child Care	\$ _____
Transportation	\$ _____
Utilities	\$ _____
Total	\$ _____

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____

Date: _____

Approved by: _____

Date: _____