

2020 filing for Calendar Year 2021 Discount

PERMANENT PARCEL NUMBER

**CITY OF BEDFORD
Application for Water / Sewer Discount**

APPLICATION DEADLINE 09/25/2020

Name of Applicant		Name of Spouse	
Address	City BEDFORD	Zip 44146	Phone Number ()
Social Security Number - Applicant		Social Security Number - Spouse	
Birth Date - Applicant	Age of Applicant	Birth Date - Spouse	Age of Spouse

Are you delinquent on your City of Bedford municipal income taxes or water/sewer Bill? YES NO

If you answered *yes*, you do not qualify for the 2021 water discount at this time. Please see the highlighted section on the back of this application or refer to Ordinance NO. 9423-16 for more information. If you answered *no*, continue with section A, B, C & D for approval.

TOTAL 2019 SOCIAL SECURITY AND / OR RAILROAD RETIREMENT INCOME: ATTACH PROOF

- A. \$ _____ Total year's Social Security and / or Railroad Retirement benefits of applicant in 2019.
- B. \$ _____ Total year's Social Security and / or Railroad Retirement benefits for spouse in 2019.
- C. \$ _____ Adjusted gross income of ***ALL other household members over the age of 18*** in 2019.
ALL OTHER 2018 INCOME; TAXABLE & NON - TAXABLE: ATTACH PROOF
- D. \$ _____ Adjusted Gross Income of applicant & spouse as reported on 2019 Federal Income Tax Return. Or if you do not file income tax, include wages, interest, pensions, unemployment compensation, rents, etc for 2019. Do not include benefits paid by the Veterans Administration or a branch of the Armed Services. Disability applicants deduct up to \$5,200 on the employer's portion of disability pension and should not include Workers Compensation, Veterans or Welfare Benefits.

Interest/Dividend household income cannot exceed \$3,000.00 per year.

\$ **TOTAL HOUSEHOLD GROSS (Add A, B, C and D): NOT TO EXCEED \$ 34,366** (Reference ORD 9498-17) Provide proof: Copies of annual Social Security statements, Federal Income Tax Return, bank statements, and rents etc., must accompany this application.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW.

I authorize the Finance Director to examine any financial records that relate to my income. Willfully falsifying information revokes the right to a reduction for 3 years. I declare under penalty of perjury that I have examined this return, and to the best of my knowledge and belief, this return is true and complete.

Signature of Applicant _____ **Date** _____

FOR DISABLED APPLICANTS UNDER AGE 65 ONLY - DOCTOR'S CERTIFICATE OF DISABILITY

"Permanently and totally disabled means a person who has, on the first day of January of the year of application for water/sewer discount 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." (O.R.C. 323.151). Please attach proof (Social Security or State Pension award of disability certification letter).

I (we) hereby certify that _____ was, as of January 1, 2019 and is now totally and permanently disabled by virtue of physical disability or mental disability

Physician / Psychologist (signature)	Date	Print Name of Person Signing
License No. _____	Address - Street - City - Zip	Phone Number

DISABILITY APPLICANT: APPROVAL CONTINGENT UPON DOCTOR'S COMPLETION OF THIS PORTION.

