

# Water & Sewer Utility & Crisis Assistance Programs



- *Get up to 40% off your water & sewer bills!*
- *Get up to \$300 credit toward your sewer bill!*

If you are a customer of the City of Cleveland's Division of Water and or the Northeast Ohio Regional Sewer District, or if you are a Senior Citizen, you may be eligible for assistance:

### Water & Sewer Affordability Program

Discounts of 40% on water and or sewer for income-eligible homeowners serviced by the City of Cleveland's Division of Water and/or Northeast Ohio Regional Sewer District.

- *See Application Section A for income restrictions.*
- *You must own and live at the address on the application.*

### Sewer Crisis Assistance

Northeast Ohio Regional Sewer District customers receive up to a \$300 sewer credit if you have a verifiable financial hardship that occurred within the past six (6) months (e.g. major medical expenses, job loss, change in marital status).

- *No income restrictions.*
- *You must own and live at the address on the application.*
- *Verifiable financial hardship*
- *Must be seen in person*

### APPROVED PRC Applicants

Approved Cuyahoga County applicants only can set up an appointment to access their Prevention, Retention, & Contingency Assistance funds for their utilities through CHN.

- *Call PRC at 216.475.6458 for more information*

## To access these services:

### 1. Verify your eligibility.

Check your eligibility for the programs for which you are applying (see left).

### 2. Complete an application.

Be sure to include all requested documents as listed in the applications. (Applications available at CHN main office and at [www.chnnet.com](http://www.chnnet.com).)

### 3. Return application to CHN.

Within three (3) weeks you will receive a notification of approval, pending, or denial. Discounts are good for one (1) year. You need to apply each successive year there after.

**\*Sewer Crisis Assistance applicants must apply in person.**

### Sewer Crisis Assistance walk-ins welcome!

Monday-Friday  
8:30 a.m. - 2:00 p.m.

Cleveland Housing Network  
2999 Payne Avenue | Suite 208  
Cleveland, OH 44114

### 4. Still have questions?

Call toll free

**888.901.1222**

or Email

**[water@chnnet.com](mailto:water@chnnet.com)**



## Safety Net & Support Services

<http://www.chnnet.com/electric-gas-bulk-fuel-water-assistance.aspx>

216.574.7100 | [www.chnnet.com](http://www.chnnet.com)  
2999 Payne Avenue, Third Floor  
Cleveland, OH 44114

# All applicants must complete an application

For Water & Sewer Affordability, complete [SECTIONS A,B, and F](#)

For Sewer Crisis Assistance, complete [SECTIONS C - F](#)

Cleveland Housing Network  
Water and Sewer Utilities Assistance  
2999 Payne Ave, Suite 208  
Cleveland, OH 44114

Phone: 888.901.1222 | Fax: 216.325.0578 | Email: [water@chnnet.com](mailto:water@chnnet.com)



# Water and Sewer Affordability Program Application

COMPLETE ONE APPLICATION PER HOUSEHOLD



## Section A

If you are serviced by the City of Cleveland Division of Water and or NEORS, you may be eligible for a 40% discount on your water and or sewer bill. You must own and live at the service address, and meet income guidelines delineated below. Notification of approval, pending, or denial will be mailed within three (3) weeks of receipt of application submittal. Discounts are effective for one year and reapplication is required on an annual basis.

**NOTE:** Within three (3) weeks you will receive a notification of approval, pending, or denial. Discounts are good for one year. You need to reapply each successive year.

2014 Utility Discount Income Guidelines 200% Federal Poverty Income Guideline Level	
Size of Household	Annual Household Income
1	\$23,340
2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
(add \$8120 for each additional member)	

**Documentation Required to Qualify for Water Affordability Program (WAP)**

Copy of most recent water and sewer bill  
  Proof of home ownership  
  Household income (last 90 days)  
  Photo ID (all members 18 years and older)

1. Are you the home owner AND occupant?   Yes    No

**PLEASE PRINT**

First Name	M.I.	Last Name	Your Social Security Number -----
Current Address (number and street, including route)			Apt. #
City and State		Zip Code	Ohio County
Daytime Telephone including Area Code (     )		E-mail Address (OPTIONAL)	Date of Birth
Name on Water Account		Water Account Number	Parcel Number (OPTIONAL)
Name on Sewer Account		Sewer Account Number	Parcel Number (OPTIONAL)

2. Check the box that most closely describes the type of building you live in. (Check one box only)

Single Family  
  Multi-Family  
  Condominium  
  Mobile Home

3. Including yourself, please list names, relationships, and social security number(s) of everyone residing in your household. If necessary, attach a separate sheet for additional family members.

Household Members	Age	Relationship to You	Social Security Number
		SELF	

**Continue**

## Section B

1. What was your total gross household income for the last **90 days**? \_\_\_\_\_

2. What is the source of your total gross household income (check all that apply). If none apply please complete **SELF DECLARATION OF NO INCOME BELOW**.

- |   |                                     |  |  |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Wages  | <input type="checkbox"/> Pension    | <input type="checkbox"/> Social Security | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Self-Employment  | <input type="checkbox"/> VA Pension | <input type="checkbox"/> SSDI            | <input type="checkbox"/> Unemployment  |
| <input type="checkbox"/> VA Disability  | <input type="checkbox"/> SSI        | <input type="checkbox"/> TANF            | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> No Income (please fill out the following Self Declaration of No Income*) |                                     |  |  |

**Signature (Required)**

**Date**

3. Self Declaration of No Income (if you checked "No Income" above you must complete this question and the Zero Income Self Declaration form in Section F) if not skip to question #4.

I, \_\_\_\_\_, affirm that during the last 90 days from my application date, my household (including myself and any member of my household age 18 and above) has not received income from any source. I understand that by signing this form, I authorize Cleveland Housing Network, or its designated representatives access to public assistance, social security, employment or other records needed to verify any statements I have made: **Please explain how your household has been maintained during this period:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (Optional)

Date

4. If you receive any of the following please include documentation:

- |   |  |
|---|--|
| <input type="checkbox"/> Child Support (PAID) | <input type="checkbox"/> Health Insurance Premiums (not deducted from wages) |
| <input type="checkbox"/> Medicare Payments    | <input type="checkbox"/> Medicare Spend-Down                                 |

5. Have you been enrolled in PIPP Plus within the last 12 months? ( ) Yes ( ) No

6. Have you received HEAP assistance within the last 12 months? ( ) Yes ( ) No

Signature (Optional)

Date

**Please mail or fax completed application to:**

**Cleveland Housing Network  
2999 Payne Avenue | Suite 208  
Cleveland, OH 44114**

Or

**Fax 216.325.0578**

Still have questions? Call toll free 888.901.1222 or Email [water@chnnet.com](mailto:water@chnnet.com)

**For office use only:**

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_ Intake Staff: \_\_\_\_\_ Client Number: \_\_\_\_\_

Approved \_\_\_\_\_  Denied (reason for denial) \_\_\_\_\_

Pending (returned to applicant for the following information) \_\_\_\_\_

Notification Date: \_\_\_\_\_



I understand that the purpose of the Northeast Ohio Regional Sewer District's Crisis Assistance Program is to benefit customers affected by specific major event(s) in their life that occurred within the past six (6) months, by offering a one-time financial assistance of up to 50% credit toward an outstanding residential sewer service balance, up to \$300.

### Sewer Crisis applicants must be seen in person

*Walk-ins Monday – Friday 8:30 a.m. – 2:00 p.m.*

### Documentation Required to Qualify for Sewer Crisis Assistance

- Copy of most recent Water, Sewer, Gas, & Electric bill
- Proof of home ownership
- Documentation of hardship/crisis
- Household income (last 90 days | all members 18 years and older)
- Photo ID & SSN card

1. Are you the home owner **AND** occupant? Yes  No

**PLEASE PRINT**

First Name	M.I.	Last Name	Your Social Security Number ----
Current Address (number and street, including route)			Apt. #
City and State	Zip Code		Ohio County
Daytime Telephone including Area Code ( )	E-mail Address (OPTIONAL)		Date of Birth
Name on Water Account	Water Account Number		Parcel Number (OPTIONAL)
Name on Sewer Account	Sewer Account Number		Parcel Number (OPTIONAL)

2. Check the box that most closely describes the type of building you live in. (Check one box only)

- Single Family    
  Multi-Family    
  Condominium    
  Mobile Home

3. Including yourself, please list names, relationships, and social security number(s) of everyone residing in your household. If necessary, attach a separate sheet for additional family members.

Household Members	Age	Relationship to You	Social Security Number
		SELF	

4. Have you been enrolled in PIPP Plus within the last 12 months? Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section D**

I hereby attest that I have experienced one or more of the following eligible major life events:

Eligible Major Life Events

(Check all that apply)

- Major Medical Expenses – Not covered by any other source such as insurance or savings.
- Employment Status Change – Change in status such as loss of job or reduced hours/pay.
- Marital Status Change – Change due to separation, divorce, or death of spouse.

I understand that I must provide documentation demonstrating financial hardship due to one or more Eligible Major Life Events, and agree to provide documentation as listed below:

Documentation Accepted to Verify Qualifying Crisis

(Submit all that apply)

Major Medical Expenses

- Letter from Physician
- Workers' Compensation Documents (Application and Denial/Award Letter)
- Notarized Letters from third-parties documenting loss of income
- Foreclosure Documents
- Additional Documentation

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(please describe)

Employment Status Change

- Unemployment Documents (Application and Denial/Award Letter)
- Employment Termination Letter
- New Hire Offer Letter
- Pay Stubs reflecting change in wages or hours
- Foreclosure Documents
- Notarized Letters from third-parties documenting loss of income
- Additional Documentation

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(please describe)

Marital Status Change

- Divorce Decree or Separation Documents
- Death Certificate
- Foreclosure Documents
- Notarized Letters from third-parties documenting loss of income
- Additional Documentation

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(please describe)



## Section E

### HARDSHIP LETTER

\*Use the space below to briefly explain your particular crisis, and how it has affected you personally.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that completion of this Application and Agreement does not guarantee that I will receive a credit Under the Crisis Assistance Program. I further understand that the Crisis Assistance Program does not guarantee a Payment plan or guarantee that water shut-off will be suspended.

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS

***You must return completed Sewer Crisis Assistance application in person to Cleveland Housing Network***

***Walk-ins Monday – Friday 8:30 a.m. – 2:00 p.m.***

**Cleveland Housing Network  
2999 Payne Avenue | Suite 208  
Cleveland, OH 44114**

Still have questions? Call toll free 888.901.1222 | Fax 216.325.0578 | Email [water@chnnet.com](mailto:water@chnnet.com)

**If you have no income please continue to Section F**



# Water and Sewer Affordability Program & NEORSD Sewer Crisis Assistance



## Section F

### HOME ENERGY ASSISTANCE PROGRAM

Income Self-Declaration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby state that the total income of all persons in the household living at the above address is as follows:

Household income for the past twelve months has been: \_\_\_\_\_  
Household income for the past three months has been: \_\_\_\_\_  
Household income for the current month has been: \_\_\_\_\_

Self-Declaration for: Applicant \_\_\_\_\_ Household Member 18 or Older \_\_\_\_\_

Household income was/is derived from the following sources:

Client Name	Age	Income Source(s)	Effective Date	Expiration Date	30 Day Income

### ZERO INCOME STATEMENT

If income is/was Zero or if only income is/was Utility Allowance, please briefly explain how your household (all members 18 years of age and older) was maintained for the past 3 months:

Housing: \_\_\_\_\_  
Have you applied for assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, WHY \_\_\_\_\_

Food: \_\_\_\_\_  
Have you applied for assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, WHY \_\_\_\_\_

Medical: \_\_\_\_\_  
Have you applied for assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, WHY \_\_\_\_\_

Utility: \_\_\_\_\_  
Have you applied for assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, WHY \_\_\_\_\_

Other: \_\_\_\_\_  
Have you applied for assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ IF NO, WHY \_\_\_\_\_

I understand that by signing this form, I authorize the Ohio Department Services Agency, Office of Community Assistance, or its designated representatives access to public assistance, social security, employment or other records needed to verify any statements I have made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_