MEGHAN F. GEORGE, MAYOR

CITY OF LAKEWOOD, DIVISION OF UTILITY BILLING

____ 2026 HOMESTEAD WATER/SEWER RATE APPLICATION (AGE 65 OR OVER)

____2026 DISABILITY WATER/SEWER RATE APPLICATION (UNDER AGE 65) *

(Back form must be completed for disability)

STATEMENT OF APPLICANT: (Type or Print-Complete Information Required for processing)

APPLICANT NAME_____

ADDRESS_____

CITY AND ZIP_____

WATER ACCOUNT No. _____

DATE OF BIRTH_____

PHONE NUMBER_____

PERMANENT PARCEL NO.

FROM YOUR REAL ESTATE TAX BILL

INCOME: HOUSEHOLD INCOME $40,000 OR LESS FOR HOMESTEAD EXEMPTION*

PROOF OF INCOME REQUIRED

Total household income shall include **the sum of all income of all adults occupying the dwelling unit**. "Income" means Adjusted Gross Income from Federal Tax Return. If tax returns are not filed proof of income must be provided from Old Age and Survivors Benefits, Social Security, other Retirement, Pension or Annuity, all interest and dividends or any other income source.

***Ordinance 15-2025 passed May 5, 2025**

2025 TOTAL HOUSEHOLD ANNUAL INCOME $_____

PROPERTY MUST BE OWNER OCCUPIED:

TYPE OF PROPERTY (CHECK ONE):

_____SINGLE ____DOUBLE _____CONDO

_____APARTMENT W/ #_____ SUITES

_____OTHER

LEGAL INTEREST IN PROPERTY (CHECK ONE):

_____DEED _____LAND CONTRACT

_____PURCHASE AGREEMENT (attach proof)

_____ OTHER (Specify): _____

I declare under penalty of perjury that (1) I currently occupy this property as my principal place of residence, (2) my total household income for the preceding year is as indicated above and (3) I have examined this application, and to the best of my knowledge and belief, this application is true, correct and complete. I acknowledge that by signing this application, I delegate to the Lakewood tax commissioner and to their designated agents, the authority to release any tax and/or financial records relating to this property for the purpose of determining my eligibility for the homestead reduction. Such records shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I expressly waive the confidentiality provisions of the Ohio Revised Code, including O.R.C. 5703.21 and 5747.18, which may otherwise prohibit disclosure, and agree to hold the Lakewood tax commissioner harmless with respect to the limited disclosures herein. Except as authorized by law, the parties to which this authority is delegated shall maintain the confidentiality of the information received and the information shall not otherwise be re-disclosed.

_____ _____

DATE **SIGNATURE OF APPLICANT**

***PHYSICIANS STATEMENT – CERTIFICATION OF TOTAL DISABILITY IF UNDER 65 YEARS OF AGE**

PERMANENTLY AND TOTALLY DISABLED' MEAN S A PERSON WHO HAS, ON THE DATE OF APPLICATION, SOME IMPAIRMENT IN BODY OR MIND THAT MAKES ON 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 OR 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 *(R.C. 323.151)

IN ORDINANCE WITH THE ABOVE-NOTED STATUES, I HEREBY CERTIFY THAT ON THIS DATE _____, APPLICANT_____
WHO RESIDES AT _____
IS PERMANENTLY AND TOTALLY DISABLED BY VIRTURE OF (CHECK ONE):
____MENTAL DISABILITY ____PHYSICAL DISABILITY

SIGNATURE OF PHYSICIAN/PSYCHOLOGIST_____

PRINTED NAME OF PERSON SIGNING_____

LICENSE NO. _____

ADDRESS_____CITY_____STATE_____

ZIP CODE_____ PHONE NUMBER_____

APPROVAL CONTINGENT UPON DOCTORS COMPLETION OF THIS PORTION.

PLEASE MAIL COMPLETED FORMS TO:
LAKEWOOD DIVISION OF UTILITY BILLING
12805 DETROIT AVE. LAKEWOOD, OH 44107

ADDITIONAL QUESTIONS?
PHONE: (216) 529-6820 OPTION 2
EMAIL: water@lakewoodoh.net