

## ELIGIBILITY REQUIREMENTS

To be eligible for the discount, applicants must have an active Franklin County water or sewer account for their residence in their name (or in spouse's name), AND must meet at least one of the following requirements:

1. You must be currently enrolled in a qualifying low income program. You must provide current letter of participation from one of the following programs:

Food Stamp Benefits  
Ohio Medicaid  
Low Income Energy Assistance  
Home Energy Assistance (HEAP)  
Ohio Works First  
Public Housing Benefits

2. You must meet the Federal Poverty Level with your household income. Household income is defined as the total gross income of all household members over the age of 18. You must provide current proof of household income with the following for all household members over the age of 18:

Income Tax Return  
W-2 Forms  
Benefit Letter from Social Security  
Pension Award Letter

2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320
For families/households with more than 8 persons, add \$4,120 for each additional person.	

## GENERAL INFORMATION

1. Customer will receive a twenty 20-percent discount on water and sewer commodity charges (actual usage).
2. Discount will not include: meter reading fees, late charges, interest or other associated charges.
3. Eligibility must be established annually. To maintain eligibility, customer must sign a new application on or before the date of the previous year's application to maintain eligibility.
4. If customer becomes ineligible for the discount they must notify Customer Service as soon as possible, but no later than 30 days of the customer's ineligibility, by calling 614-525-3940, Monday -Friday, 8 a.m. - 5 p.m.
5. Falsifying information/failing to notify eligibility status change may lead to:
  - Termination of water services
  - Recovery of past discounts
  - Civil and/or criminal sanctions
6. For questions, please call 614-525-3940.

**STEPHEN RENNER, DIRECTOR**  
DEPARTMENT OF SANITARY ENGINEERING  
MEMORIAL HALL | 280 E. BROAD ST. | COLUMBUS

**COMMISSIONER MARILYN BROWN**  
**COMMISSIONER JOHN O'GRADY**  
**COMMISSIONER KEVIN L. BOYCE**

FRANKLIN COUNTY BOARD OF COMMISSIONERS  
373 S. HIGH ST. | 26th FL | COLUMBUS

# Low Income Water & Sewer Discount Program



# LOW INCOME DISCOUNT APPLICATION

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number Street/Road Apartment #  
\_\_\_\_\_  
City State Zip

PHONE: \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

ACCOUNT NUMBER (FROM WATER BILL): \_\_\_\_\_

To be eligible for the LOW INCOME DISCOUNT program, applicants must have an active Franklin County water or sewer account for their residence in their name (or in the spouse's name), AND must meet at least one of the following requirements:

1. You must be currently enrolled in a qualifying low income program. You must provide current letter of participation from one of the following programs (must be dated and include name):

- Food Stamp Benefits
- Ohio Medicaid
- Low Income Energy Assistance (LIHEAP)
- Home Energy Assistance (HEAP)
- Ohio Works First
- Public Housing Benefit

OR

2. You must meet the Federal Poverty Level with your household income. Household income is defined as the total gross income of all household members over the age of 18. You must provide current proof of household income with the following for all household members over the age of 18 (must be dated and include name):

- Income Tax Return
- W-2 Forms
- Benefit Letter from Social Security
- Pension Award Letter

Documents submitted with this application will NOT be returned. Send copies of documents only and mail to:

FRANKLIN COUNTY DEPARTMENT OF SANITARY ENGINEERING  
280 E. Broad Street | Suite 200 | Columbus, OH 43215

The information associated with this application has been examined by me, and is, to the best of my knowledge and belief, true, correct and complete.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

