Homestead Sewer Rate Application

Section 1046.12 of the Codified Ordinances of the City of Solon authorizes the establishment of a homestead exemption program. Eligible residents are entitled to a reduced sewer charge as determined by City Council pursuant to Section 1046.04 of the Codified Ordinances of the City of Solon. Applicants must be either totally disabled or be 65 years of age or older and have a total household income of $35,000 or less annually. Applicants also must be current on any outstanding sewer billing statements issued by the City.

APPLICANT NAME _______________________________________

RESIDENT ADDRESS ________________________________, OH _________

PHONE NUMBER _________________________________________

1. Are you permanently disabled?
   ___ YES  ___ NO

2. If YES to #1 above, can you provide documentation supporting your disability claim?
   ___ YES  ___ NO

3. Are you the primary owner of the residence for which this exemption is requested?
   ___ YES  ___ NO

4. Are you age 65 or over as of the date of this submission?
   ___ YES  ___ NO

5. Is the address for which you are requesting a homestead exemption your primary residence?
   ___ YES  ___ NO

6. Are you considered a resident of the State of Ohio for tax purposes?
   ___ YES  ___ NO

7. Is any commercial activity or business operating at the address for which you are requesting a homestead exemption?
   ___ YES  ___ NO

8. On your most recent official filing of your federal taxes, was your adjusted gross income for all parties residing at this address equal or less than $35,000?
   ___ YES  ___ NO

   *(You will be required to furnish proof of your income in order to be considered for a homestead exemption)*

9. Are you current on your most recent sewer bill issued to you for usage by the City?
   ___ YES  ___ NO
10. Do you expect any change in your adjusted gross income in the future that would cause your adjusted gross income to rise above the level of $35,000 for federal tax purposes?
   ___ YES  ___ NO

11. Do you give the City of Solon permission to use information in its municipal income tax files to evaluate and/or verify the income information you have provided?
   ___ YES  ___ NO

I certify, under the penalty of perjury and punitive actions allowed under Section 1046.99 of the Codified Ordinances of the City of Solon, that I have truthfully provided responses to all questions listed above and that all supporting documentation provided to the City as part of this application is reliable true and has not been falsified, altered or revised in any way.

__________________________________________  __________________
Signature of Applicant      Date

_______________________________________    _______________________
Approved by         Date

CITY USE ONLY

Sewer Billing Account No. ____________________
Current on payments:  ___ YES  ___ NO
Proof of disability provided:  ___ YES  ___ NO
Proof of income provided:  ___ YES  ___ NO
Primary residence:  ___ YES  ___ NO

HOMESTEAD EXEMPTION GRANTED?
___ YES  ___ NO