



City of Solon
34200 Bainbridge Road
Solon, Ohio 44139
(440) 337-1334

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

SUBMISSION REMINDERS

1. **Redaction:** redact any social security information
2. **Form Completion:** complete all items 1-11 including signature and date
3. **Send:** all packets should be redacted, completed in its entirety and sent to the Attention of the Director of Finance at 34200 Bainbridge Rd. Solon Ohio, 44139. Packets can also be hand delivered to Solon City Hall during normal operating hours M-F 8:00 a.m. – 4:30 p.m.

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

Approved by

Date