



**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*

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**