

CITY OF SPRINGBORO

WATER AND SEWER ASSISTANCE PROGRAM

PROGRAM QUALIFICATIONS AND REQUIREMENTS

May 6, 2011

Revised December 19, 2013

Water and Sewer Assistance Program:

The City of Springboro Water and Sewer Assistance Program is based upon **200 %** of the Health and Human Services (HHS) Poverty Level as published in March, **2013** and each March thereafter.

Non – business customers only are eligible to apply.

General Guidelines:

- ✓ Must be residents of the City of Springboro.
 - ✓ Utility bill must be in the applicant's name.
 - ✓ Income cannot exceed **200%** of the federal poverty guidelines under the Department of Health and Human Services.
 - ✓ **There is no income criteria for applicant's 80 years of age or older.**
- *Approved applicants shall be billed the user rate for water, sewer, trash and storm water utility assistance in the amount of those rates as of **December 19, 2013.***
 - The applicant must reapply to the City of Springboro Water and Sewer Assistance Program annually, prior to the anniversary date of initial acceptance into the program to be granted the assistance for any additional year.

Applicant shall present to the City the following documents to qualify:

Proof of residency: (any one)	Utility bills Mortgage statement Lease Rent receipt
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Proof of identity: (any one)	Driver's licenses US or State ID Card with photo US Passport
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Proof of income (**Not required for applicant's 80 Years of age or older:**
(all that apply)

Pay stubs
W-2
Social Security Award Letter
Disability Award Letter
Pension Award Letter
Unemployment Award Letter
Workers Comp Award Letter
IRS form 1040

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Applicant Checklist:

_____ Provide number of persons living in applicant's household and their ages

_____ Proof of Residency: mark all received; one required

- _____ Utility bills
- _____ Mortgage statement
- _____ Lease
- _____ Rent receipt

_____ Proof of Identity: mark all received; one required

- _____ Driver's License
- _____ US or State ID Card with photo
- _____ US Passport

_____ Proof of Income for ALL primary household providers: submit all that apply
(Not required for applicant's 80 Years of age or older)

- _____ Pay Stub
- _____ W-2
- _____ Social Security Award Letter
- _____ Disability Award Letter
- _____ Pension Award Letter
- _____ Unemployment Award Letter
- _____ Workers Comp Award Letter
- _____ IRS form 1040

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Date Submitted: _____

For Office Use Only:

Approved: _____
Finance Director (or designee)

Date: _____

Denied: _____
Finance Director (or designee)

Date: _____