



## Senior Citizen/Disability Discount Application

Name: \_\_\_\_\_  
Last Name First Name Middle

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Owner \_\_\_\_\_ (Yes/No)

Number of People in household: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Account number (from water bill): \_\_\_\_\_

I hereby apply for the Senior Citizen/Disability Discount Program:

\_\_\_\_\_ I am a senior citizen (65 years of age or older)  
Proof of age must be attached verified with driver's license or birth certificate.

\_\_\_\_\_ I am disabled and attached is a copy of proof stating I am 100% disabled.

I CERTIFY THE FOLLOWING:

1. I AM LEGALLY RESPONSIBLE FOR PAYMENT OF UTILITES FOR THE ABOVE LISTED ADDRESS.
2. WATER SERVICE IS FOR A SINGLE RESIDENTIAL UNIT WITH NO INCOME BEING DERIVED FROM RENTAL INCOME AT THE SERVICE ADDRESS.
3. I CERTIFY THAT THE TOTAL INCOME FROM ALL SOURCES IN HOUSEHOLD, INCLUDING PENSIONS **FOR ALL PERSONS RESIDING IN MY RESIDENCE IS NOT MORE THAT OF (SEE BELOW) PER YEAR.**

Adjusted Home Income Limits	2022							
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
60% Limits	\$29,850	\$33,840	\$38,040	\$42,420	\$45,660	\$49,020	\$52,380	\$55,800

Section 2921.13 (A) (5) of the Ohio Revised Code provides:

No person shall knowingly make a false statement...(When) the statement is made with purpose to secure the issuance by a governmental agency of a license, permit authorization, certificate, registration, or release.

**Penalty: First degree misdemeanor and reinstatement of regular fees**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Verified by \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

Account No. \_\_\_\_\_

If applying by mail, please mail all documentation to:

City of Maumee  
Utility Billing Division  
400 Conant Street  
Maumee, OH 43537