City of Brookville
Application for Senior Citizen/Permanently & Totally Disabled Utility Discount

PLEASE READ REVERSE SIDE OF FORM AND INFORMATION SHEET BEFORE COMPLETING

_____ Initial Application _____ Renewal Application Date _____

Name _____ Age _____ Birth Date _____

Applicant Address _____

Are there other members of your household? Yes _____ No _____ (If yes, please list)

Name	Age	Birth Date	Relationship to Applicant

Income Information: All information for **2022** must be reported below on the appropriate lines. **Total household income** cannot be over **$30,000**. Total income includes the income of the applicant, the income of the spouse of the applicant, and/or the income of all other residents of the household. Total income includes wages, salaries, business income, rents and other types of income. Total income also includes Social Security Retirement, Non-Taxable and Taxable Retirement Pension & Annuity, all Interest including Interest on Tax Exempt Government Obligations, and all other income. **Copies of the supporting documentation for your income must be included with this application in order to receive the discount.**

	Applicant	**Spouse**	**All Others**
W-2 Wages	$_____	$_____	$_____
Social Security Retirement	$_____	$_____	$_____
Retirement Pension & Annuity	$_____	$_____	$_____
All Interest (Taxable & Non Taxable)	$_____	$_____	$_____
All Other Income for Given Year	$_____	$_____	$_____

TOTAL HOUSEHOLD INCOME $_____

(over)

APPLICANT AFFIDAVIT

State of Ohio, County of _____

The undersigned states that the statements contained in this Form are complete and true to the best of his/her knowledge and belief.

_____
Signature of Applicant

PLEASE READ THIS BEFORE YOU COMPLETE THE APPLICATION FORM

WHAT YOUR SIGNATURE MEANS: By signing this form, you authorize the Finance Director to examine any financial records that relate to your income. You also affirm, under penalty of perjury, that all information on this application is accurate and true.

QUALIFICATIONS: To receive the utility discount, you must (1) be at least 65 years old during the year in which you file, or be permanently and totally disabled (see definition below); (2) have total income of not more than program limit; (3) own or rent, occupy your residence as your primary place of residence as of the year you file and receive a utility bill from the City of Brookville.

CURRENT APPLICATION: If you qualify for the utility discount for the first time this year, check the box titled Initial Application. However, if you qualified last year, and you wish to continue the discount, check the box titled Renewal Application.

FOR FINANCE DEPARTMENT USE ONLY

1099's _____ **Form SSA-1099 _____** **IRS Form 1040 _____**

Granted _____ **Denied _____** **Account #_____**

_____
Michelle Brandt, Director of Finance

CERTIFICATE OF DISABILITY

Section 232.151 O.R.C. provides that "Permanently and Totally Disabled" means a person who has some impairment in body or mind that makes him unfit to work at any substantially remunerative employment which he is reasonably able to perform and which will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication or recovery therefrom or has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons.

In accordance with the above, I (we) hereby certify that _____ was, as of January 1, 20_____, and is now totally and permanently disabled by virtue of _____ physical disability or _____ mental disability.

_____
License Number

_____ _____
Physician (Signature) **Physician Name of Person Signing**

_____ _____
Psychologist (Signature) **Address (please print)**

_____ _____
Agency **City/State, Zip Code (please print)**

_____ _____
If Agency: Signature and Title of Person Completing Form **Date**

NOTE: All copies must be signed by physician.