

2025 Water Utility Assistance Programs



High monthly water bills? You may be eligible for a discounted rate.

We help eligible homeowners who are customers of Cleveland Division of Water. Income restrictions may apply.



Water Affordability Program

40% discount on water rate for one year

- Applications open year-round
- Income eligibility guidelines apply (see chart)
- Open to customers of Cleveland Division of Water who own and occupy the home

! The following documents are required:

- ☐ Current Water Bill
- ☐ Valid Photo ID
- ☐ 30 days income for household members 18+ years

Please ensure these documents are attached to your application. Missing documents will cause delays.

You must reverify each year.

Scan the QR code with your smartphone camera to apply online!



Or visit:

chnhousingpartners.org/housing-services/utility-assistance

Household Members	200% (Water)
1	\$ 31,300.00
2	\$ 42,300.00
3	\$ 53,300.00
4	\$ 64,300.00
5	\$ 75,300.00
6	\$ 86,300.00
7	\$ 97,300.00
8	\$ 108,300.00

* add \$11,000 for each additional member
These are 2025 income guidelines.
Please note, they change annually.

Return Documents to:

CHN Housing Partners
Attn: Water Affordability
3711 Chester Ave.,
Suite 100
Cleveland, OH 44114

PLEASE PRINT CLEARLY

Applicant First Name:	MI:	Last Name:	Social Security Number:
Address:		City, State & Zip Code:	County:
Home Phone:	Email:	Cell Phone:	

Demographics

Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated		Education Level: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Two Year College <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Four Year Degree <input type="checkbox"/> Graduate Degree		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (select all that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other multiple race <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Choose not to respond <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian			

Household (additional household members may be listed on another sheet)

Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Living with friends/family <input type="checkbox"/> Homeless	Language Spoken in Home:
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Household Size _____ Number of Dependents _____ Monthly Mortgage/Rent \$ _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">SS#</th> <th style="text-align: left;">DOB</th> <th style="text-align: left;">Relationship</th> <th style="text-align: left;">Disabled</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td><input type="checkbox"/></td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>Does anyone in your household need special accommodations with regards to services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does everyone in your household have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you related to a CHN Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Relation _____</p> <p>Household Type:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Female-headed Single Parent <input type="checkbox"/> Male-headed Single Parent </div> <div> <input type="checkbox"/> Married with Children <input type="checkbox"/> Married without Children </div> <div> <input type="checkbox"/> Two or more Adults <input type="checkbox"/> Single Adult </div> </div>	Name	SS#	DOB	Relationship	Disabled	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>
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PLEASE PRINT CLEARLY
Employment and Other Household Income Information

Employment Status: (select all that apply) <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Stay at Home Parent <input type="checkbox"/> Student <input type="checkbox"/> Temporary/Permanently Disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> I have no income <input type="checkbox"/> Other	Income Source (Job, Social Security, etc)	Income Monthly Average	Income Recipient
	Income Source (Job, Social Security, etc)	Income Monthly Average	Income Recipient
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	Public Benefits/Stipends (SNAP, etc)	Monthly Average	Recipient
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Consent & Authorization: I certify that all provided information is correct to the best of my knowledge and have received a copy of CHN's Privacy Policy. I authorize CHN Housing Partners to check and verify all information contained in this form.

Signature of Applicant or Authorized Representative

Date

Employment Information

Primary Employer:

Secondary Employer:

Title:

☐ FT ☐ PT
☐ Seasonal

Title:

☐ FT ☐ PT
☐ Seasonal

Hire Date:

Years in Field:

Hire Date:

Years in Field:

Annual Salary:
\$Rate of Pay:
\$Annual Salary:
\$Rate of Pay:
\$

Zero Income Self-Declaration

*For individuals 18 or older in your household with zero income **who are being supported by another household member**, use this section to tell us who is providing support.

First Name	M.I.	Last Name	Supported By

*If you are receiving help paying your bills from a non-household member, list their name and phone number, also include a signed statement from that person.

First Name:

MI:

Last Name:

Telephone Number: (include area code)

*If you perform odd jobs, use this section to explain what service you provide, the average pay you receive, and how often you receive it.

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Utility Information

What is your **MAIN** source of heat? ☐ Natural Gas ☐ Propane or Bottle Gas ☐ Fuel Oil or Kerosene
☐ Coal, Wood, or Pellets ☐ Electric

GAS Supplier	Account Number	Name on Bill	Avg Monthly Bill
ELECTRIC Supplier	Account Number	Name on Bill	Avg Monthly Bill
WATER Supplier	Account Number	Name on Bill	Avg Monthly Bill
SEWER Supplier	Account Number	Name on Bill	Avg Monthly Bill

Release Authorization & Privacy Policy

CHN Housing Partners (CHN) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal consideration. Additionally, we want you to understand how we use the personal information we collect. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does CHN collect about you and from what sources?

- Information that you provide on applications, forms, emails, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to Third Parties, such as financial service providers (companies providing home mortgages , utilities) Federal, State, and nonprofit partners for program review, monitoring auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency such as bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness (if applicable).
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information will not be disclosed in a manner that may personally identify you in any way. This is done in order to evaluate our program, research valuable information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law or when required by a governmental authority.

How is your personal information secured?

We restrict access to your nonpublic personal information to CHN employees who need to know that information in order to process your information and perform their duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting out of certain disclosures

You may direct CHN to not disclose your nonpublic, personal information to third partners (other than disclosures made to project partners, those permitted by law or required by governmental authorities). However, if you choose to opt out, we will not be able to answer any questions from third parties, which may limit CHN's ability to provide services, such as utility or foreclosure prevention counseling. If you choose to opt out, print "refuse" below on the signature line. If you would like to opt out in the future after granting access to us for a program, contact the Community Resource Center at (216) 574-7100.

RELEASE: I hereby authorize CHN to release nonpublic personal information it obtains about me to any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices.

Applicant Signature Date

Co-Applicant Signature Date