Overdue water or sewer bills?

Shutoff threat?

High monthly water or sewer bills?

We can help eligible homeowners and renters who are customers of Cleveland Division of Water or Northeast Ohio Regional Sewer District. We offer 40% discounts on water/sewer charges and crisis assistance for threats of shut off. Income restrictions may apply (see below).

### For Sewer Crisis:
Northeast Ohio Regional Sewer District customers (homeowners and renters) receive up to a $300 sewer credit. There are NO INCOME RESTRICTIONS for this program. Other restrictions:
- You must be behind on your sewer bills.
- You must have had a verifiable hardship within the last 6 months (e.g., job loss, medical)
- Your water/sewer must not be turned off!
- A good faith payment is required toward sewer bill.

Apply in person between 8:00 a.m.—4:00 p.m., Monday through Friday. No appointment necessary. You must bring these required documents:
- Photo ID and SS Card
- Proof of financial hardship
- Current Water and Sewer bill
- Current Light and Gas bill
- Current income for all household members 18yrs and older
- Proof of income (i.e. paystub, award letter, etc.) dated within the last 30 days

### For Water/Sewer Discounts:
Homeowners serviced by the City of Cleveland’s Division of Water and/or Northeast Ohio Regional Sewer District can receive a 40% discount on bills.
- You must be a homeowner.
- You must be at 200% or below of federal poverty guidelines (see chart, left).
- Proof of income (i.e. paystub, award letter, etc.) dated within the last 30 days

Apply in person between 8:00 a.m.—4:00 p.m., Monday through Friday. No appointment necessary. You must bring the following required documents:
- Photo ID
- Current Water and Sewer Bill
- Current income for all household members 18yrs and older

### Where We’re Located:
CHN Housing Partners
2999 Payne Ave.
2nd Floor, Room 208
Cleveland, OH 44114

Free parking is available
Questions? Call toll free: 888.901.1222, Fax 216.325.0578 or Email: water@chnhousingpartners.org

### 2019 Utility Discount Income Guidelines

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Annual Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$24,980</td>
</tr>
<tr>
<td>2</td>
<td>$33,820</td>
</tr>
<tr>
<td>3</td>
<td>$42,680</td>
</tr>
<tr>
<td>4</td>
<td>$51,500</td>
</tr>
<tr>
<td>5</td>
<td>$60,340</td>
</tr>
</tbody>
</table>

(add $8,640 for each additional member)
### Applicant Information

**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:**
- Male
- Female

**US Veteran?**
- Yes
- No

**Disabled?**
- Yes
- No

**Active Military?**
- Yes
- No

**Marital Status:**
- Single
- Married
- Prefer not to Answer
- Divorced
- Legally Separated

**Education Level:**
- Less than High School
- High School/GED
- Two Year College
- Vocational/Technical
- Four Year Degree
- Graduate Degree

**Ethnicity:**
- Hispanic
- Non-Hispanic

**Race (select all that apply):**
- Black/African American
- American Indian/Alaskan
- Hawaiian/Pacific Islander
- Other multiple race
- Choose not to respond
- White/Caucasian
- Asian

### Household

**Language Spoken in Home:**

**Section 8?**
- Yes
- No

**Ownership Status:**
- Own
- Rent
- Other
- Living with Friends/Family
- Homeless

**Number of Dependents**

**Household Size**

**Monthly Mortgage/Rent**

**Does anyone in your household need special accommodations with regards to services?**
- Yes
- No

**Does everyone in your household have health insurance?**
- Yes
- No

**Are you related to a CHN Employee?**
- Yes
- No

**Household Type:**
- Female-headed Single Parent Household
- Male-headed Single Parent Household
- Married with Children
- Single Adult
- Married without Children
- Two or more Adults

### Employment and Other Household Income Information

**Employment Status:**
- Employed Full-Time
- Employed Part-Time
- Seasonal
- Self-Employed
- Retired
- Stay at home Parent
- Student
- Temporary/Permanently Disabled
- Unemployed
- Looking for Work
- I have no income
- Other

**Income Source (Job, Social Security, etc.):**

**Income Monthly Average**

**Income Recipient**

**Public Benefits/Stipends (SNAP, etc.):**

**Monthly Average**

**Recipient**

### Consent & Authorization

**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 on this form.

**Signature of Applicant or Authorized Representative:**

**Date:**
**EMPLOYMENT INFORMATION**

<table>
<thead>
<tr>
<th>PRIMARY EMPLOYER:</th>
<th>SECONDARY EMPLOYER:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TITLE:</strong></td>
<td><strong>TITLE:</strong></td>
</tr>
<tr>
<td>☐ FT ☐ PT ☐ Seasonal</td>
<td>☐ FT ☐ PT ☐ Seasonal</td>
</tr>
<tr>
<td><strong>Hire Date:</strong></td>
<td><strong>Hire Date:</strong></td>
</tr>
<tr>
<td><strong>Years in Field:</strong></td>
<td><strong>Years in Field:</strong></td>
</tr>
<tr>
<td><strong>Annual Salary:</strong></td>
<td><strong>Annual Salary:</strong></td>
</tr>
<tr>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Rate of Pay:</strong></td>
<td><strong>Rate of Pay:</strong></td>
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<tr>
<td>$</td>
<td>$</td>
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</tbody>
</table>

**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:*

<table>
<thead>
<tr>
<th>First name</th>
<th>M.I.</th>
<th>Last name</th>
<th>Supported By</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

*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.*

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Telephone number (include area code)</th>
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</table>

*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.*

**Utility Information**

**What is your MAIN source of heat?**

- ☐ Natural Gas
- ☐ Propane or Bottle Gas
- ☐ Fuel Oil or Kerosene
- ☐ Coal, Wood, or Pellets
- ☐ Electric

<table>
<thead>
<tr>
<th>GAS supplier:</th>
<th>Account Number:</th>
<th>Name on Bill:</th>
<th>Monthly Avg Bill</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>ELECTRIC supplier:</th>
<th>Account Number:</th>
<th>Name on Bill:</th>
<th>Monthly Avg Bill</th>
</tr>
</thead>
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</table>

<table>
<thead>
<tr>
<th>WATER supplier:</th>
<th>Account Number:</th>
<th>Name on Bill:</th>
<th>Monthly Avg Bill</th>
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</table>

<table>
<thead>
<tr>
<th>SEWER supplier:</th>
<th>Account Number:</th>
<th>Name on Bill:</th>
<th>Monthly Avg Bill</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Hardship Statement (complete if applying for NEORSD Sewer Crisis Assistance)**

I hereby attest that I have experienced one or more of the following eligible major life events and understand I must provide documentation:

- ☐ Loss of income (loss of job, reduced work hours, reduced pay, garnishment, bankruptcy)
- ☐ Housing Crisis (foreclosure, modification, mediation, court documents, major home/car repairs)
- ☐ Medical Documentation (hospitalization, summary of doctor visit, medical bills)
- ☐ Family Crisis (death, divorce, separation)

Explain: ____________________________________________________________

__________________________________________________________________

__________________________________________________________________
NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or assessing information about our services, please talk to us about arranging alternative accommodations. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

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 publicly 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