

**CITY OF STOW
WATER DEPARTMENT**

3760 Darrow Road

Stow, Ohio 44224

Phone: (330) 689-2889

FIXED INCOME/DISABLED CITIZENS DISCOUNT

To be eligible for FIXED INCOME/DISABLED CITIZEN DISCOUNT, a property owner must be 65 years old, (requiring a copy of a birth certificate and/or drivers license), anytime in the year of filing or permanently and totally disabled, (requiring a medical signature), as of January 1 of the filing year.

To be eligible, an applicant's income cannot exceed \$26,700.00. For those 65 years of age or older, income includes the following:

- ** Social Security retirement
- ** Pension and annuity benefits
- ** Interest on tax exempt government obligations
- ** Rents
- ** Tier I or Tier II Railroad Benefits
- ** Interest and dividend income

If applicant is totally disabled, income does not include the following:

- **Social Security disability, workers compensation, veteran's disability or black lung payments.

INCOME INCLUDES BOTH THE EARNINGS OF THE APPLICANT AND THE SPOUSE, REGARDLESS OF THE SPOUSE'S AGE. YOUR PREVIOUS YEAR'S COMBINED INCOME CANNOT EXCEED \$26,700.00.

FIXED INCOME/DISABLED CITIZENS DISCOUNT APPLIES TO HOMEOWNERS IN SUMMIT COUNTY, PROVIDED THEY OWN AND LIVE IN THE HOME. NO VACANT LOTS OR RENTALS ARE ELIGIBLE FOR THE REDUCTION.

WHEN TO FILE:

**THE FILING DEADLINE FOR THE
FIXED INCOME/DISABLED CITIZEN DISCOUNT
IS THE FIRST MONDAY OF EACH MONTH**

SHOULD YOU HAVE ANY QUESTIONS, CALL:

CITY OF STOW
WATER DEPARTMENT
(330) 689-2889

**CITY OF STOW
WATER DEPARTMENT**

Application for the year _____

3760 Darrow Road Stow, Ohio 44224 Phone: (330) 689-2889

Fixed Income / Disabled Citizen Discount Program

For Senior Citizens, Disabled Persons, And Surviving Spouses
Ordinance No. 2001-161
**Please read the back of this form before you complete it.
Disabled applicants must complete the medical certificate
on the back of this form.**

County _____
Parcel NO. _____
Account No. _____

Type of Application: Senior Citizen (age 65 and older) Disabled Person Surviving Spouse

Name of Applicant _____ Name of Spouse _____

Address of Homestead _____

Age of Applicant _____ Birth Date _____ Social Security Number _____

Age of Spouse _____ Birth Date _____ Social Security Number _____

Date Home Acquired _____ From Whom _____

Names of All Owners of Home _____

Income information: The income asked for below on line 1 - Adjusted Gross Income - must be taken from your Federal Income Tax Return for last year. If you did not file an income tax return, see the back of this form for instructions.

1. Adjusted Gross Income From Federal Income Tax Return Form 1040 or Form 1040A, from line marked Adjusted Gross Income on Tax Return. **(Copy of front sheet required)**
2. Add Nontaxable Social Security Retirement and Survivors Benefits. **(Copy of payment documents required)**
3. Add Nontaxable Retirement, Pension and Annuity Benefits.
4. Add interest on Tax exempt Government Obligations.
5. Subtract Taxable Disability Payments included on Line 1 as follows:
 - a. Subtract All Disability Payments paid by Veteran's Administration or Branch of the Armed Forces.
 - b. Subtract All Other Disability Benefits up to a Maximum of \$5,200.
6. Total Income - Add Lines 1 through 4 subtract lines 5a and 5b.

Applicant and Spouse		
1	\$	
	Applicant	Spouse
2	\$ +	\$
3	+	+
4	+	+
5a	-	-
5b	-	-
6	\$	\$

I declare under penalty of perjury that I occupy this homestead as my principal place of residence and that I have examined this return, and to the best of my knowledge and belief this return is true, correct and complete.

Signature of Applicant _____

Date _____

Applicant's Address _____

Phone (____) _____

City/State _____

Zip

Please Read This Before You Complete The Application Form

What your signature means: By signing the front of this form, you authorize the Water Department to examine any financial records that relate to your income.

Qualifications: To receive the exemption, you must (1) be at least 65 years old during the year in which you first file, or be permanently and totally disabled (see definition below), or be a surviving spouse (see below); (2) have total income of not more than \$26,700; and (3) own and occupy your home as your principal place of residence as of January 1 of the year you file.

Instructions: The line following Parcel No. is for the parcel number of your home. This can be found on your tax bill. In the line following NAMES OF ALL OWNERS OF HOME list the names of the owners as they appear on your tax bill. If the names are not there, list the names as they appear on the deed to your home.

Total Income: Total income includes the income of the owners of the home, and includes the

income of the spouse of each owner, even though the spouse may not actually be an owner. If you do not file an income tax return, Adjusted Gross income under the interest, fees and most other types of total income. It does not include worker's compensation and black lung benefits. If you are unsure of what income is included, contact the City of Stow Water Department.

Certain disability benefits are included in total income and certain disability benefits become retirement benefits at a given age. If you receive disability income and do not know whether it is included in adjusted gross income, contact the City of Stow Water Department. All retirement benefits are included in total income even though they may not be taxable.

Surviving Spouse: A surviving spouse (1) must be the surviving spouse of a person who was receiving the exemption by reason of disability or age at the year of death, and (2) must have been at least 59 years old on the date of the decedents death.

Certificate of Disability Exemption

Section 323.151, Revised Code, provides: "Permanently and totally disabled" means a person who has, on the first day of January of the year of application for reduction in real estate taxes, 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 of recovery therefrom or has been certified as permanently and totally disabled by a state or

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

License Number

Physician (Signature)

Psychologist (Signature)

Agency

If Agency: Signature and Title of Person Completing Form

Print Name of Person Signing

Address (please print)

City/State, Zip Code (please print)

Date

FOR CITY OF STOW WATER DEPARTMENT ONLY

Received by _____

Approved by _____

Effective Date _____

Referred to County Auditor

YES NO