



The City of Lorain, Ohio UTILITIES DEPARTMENT

Joseph A. Carbonaro
Director of Utilities

Application for Lorain Utilities Department Affordability Program (Codified Ordinance 911.307)

Account Number: _____ Three Digit Code: _____

Applicant's Name: _____

Address: _____ Zip Code: _____

Phone Number: _____

Social Security #: _____ Date of Birth (MM/DD/YYYY): _____

Do you own your home? Yes No Type of Property: ___Single___Duplex___Condo

Number of Persons Residing at this Residence: _____

List All Other Person(s) in your Household Eighteen (18) Years of Age or Older

Name	Age	Social Security #
1:		
2:		
3:		
4:		

Adjusted Gross Income, including Social Security; other Retirement Pension and/or Annuity; all Interest and Dividends from sources must be included.

Applicant's Income: _____

Other Household Income: _____

Total Household Income: _____

These rates shall not be available where the members of the household have earnings above the federal poverty guidelines. See below for further details.

Application is accompanied with a doctor's certification and or certification or proof by Social Security Administration and/or Veteran's Administration? _____Yes_____No

By signing this application, I authorize the City Auditor and/or Director of Utilities or their designee to examine any financial records that relate to income earned by the applicant as stated on this application. No discount of water rates shall be made to any person convicted of violating Section 911.307 of City Ordinance #42-80 for a period of three (3) years following conviction.

"I do declare under penalties of perjury that information given on this application, including my accompanying statements and data has been examined by me and to the best of my knowledge and belief is a true, correct and complete return report."

SIGNATURE OF APPLICANT

DATE

For the most up-to-date information on the Federal Poverty Limits and Guideline, please refer to the Department of Housing & Human Service website: [ASPE | Office of the Assistant Secretary for Planning and Evaluation \(www.aspe.hhs.gov\)](https://www.aspe.hhs.gov) or ([detailed-guidelines-2026.pdf](#))