



ENVIRONMENTAL SERVICES FIXED INCOME/DISABLED CITIZENS USER FEE DISCOUNT

THREE EASY REQUIREMENTS:

- Age 65 or older or permanently and totally disabled under the age of 65. Surviving spouse of recipient age 59 – 64.
- Total annual income of applicant and spouse not more than \$29,200.00 for current tax year.
- Own and reside in home as of January 1 in year of application.

Total income of spouse and applicant include common items listed below:

Income Included:

- ✓ Social Security*
- ✓ Pensions
- ✓ Interest
- ✓ Wages
- ✓ IRA Withdrawals
- ✓ Gambling Winnings
- ✓ Rents
- ✓ Annuities
- ✓ Insurance Contracts
- ✓ Unemployment Compensation
- ✓ Gain from property sales
- ✓ Disability Income which became Retirement Income

*After the first year of application and approval, Social Security cost-of-living increases are not included as income.

Income Not Included:

- ✓ Social Security Increases
- ✓ Social Security Disability until age 65
- ✓ Medicare
- ✓ Veterans
- ✓ Employee Paid Disability Pensions
- ✓ \$5200 of employer paid Disability Pension
- ✓ Black Lung Benefits
- ✓ Workers Compensation
- ✓ Welfare, ADC
- ✓ Inheritance
- ✓ Gains (\$125,000.00)
- ✓ Life Insurance due to death
- ✓ Railroad Retirement Benefits in adjusted Gross Income
- ✓ Police and Firefighters Fund until retirement

If you have any questions concerning the discount or would like an application please call Summit County Environmental Services Billing Department @ (330) 926-2400 or (800) 828-2087 Monday thru Friday 7:30 a.m. – 4:00 p.m.

PLEASE READ THIS BEFORE YOU COMPLETE THE APPLICATION FORM

WHAT YOUR SIGNATURE MEANS: By signing the front of this form, you authorize D.O.E.S. to examine any financial records that relate to your income.

QUALIFICATIONS: To receive the exemption you must be (1) at least 65 years old during the year in which you first file, or be permanently & totally disabled (see definition below), or be a surviving spouse (see below); (2) have total income of not more than **\$29,200**; 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 for your home which can be found on your property tax bill. In the line following NAME OF ALL OWNERS OF YOUR 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 all 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 did not file an income tax return, under Adjusted Gross Income enter 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 D.O.E.S.

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 D.O.E.S. 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 in the year of death, and (2) must have been at least 59 years old on the date of the decedent's 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 federal agency having the function of so classifying persons."

In accordance with the above, I (we) hereby certify that _____ was, as of January 1, 2_____, and is now permanently and totally disabled by virtue of physical disability or mental disability.

Applicant

License Number

Physician/Physician Signature

Print Name of Person Signing

Agency

Address: Please Print

If Agency: Signature/Title of Person Completing Form

Date