

## Eligibility Requirements

To be eligible for the discount, applicants must have an active City of Columbus water or sewer account for their residence in their name (or spouse's name) and meet at least one of the following requirements:

**1) Applicant must be currently enrolled in a qualifying low income program.** A current letter of participation from one of the following programs is required:

- SNAP
  - Ohio Medicaid
  - Low Income Energy Assistance
  - Home Energy Assistance Program (HEAP)
  - Ohio Works First
- (See complete list on reverse side)*

**-OR-**

**2) Household income must be less than 150% of the current U.S. Bureau of Census federal poverty level;** please see below chart. You must provide proof of current household income with the following for all household members over age 18:

- Income tax return
- W-2 forms
- Benefit letter from Social Security
- Pension award statement

Household Size	2024 Maximum Income
1	\$23,788
2	\$31,512
3	\$36,824
4	\$46,512
5	\$53,711
6	\$59,928
7	\$65,712
8	\$74,565
9 or more	\$88,361

*The federal poverty level may be adjusted annually. Call or check our web site for current requirements.*

## General Information

1) Customers approved for the program will receive a 20% discount on future water and sewer usage charges and a one-time \$65 credit on their bill.

2) Discount will not include: meter reading, late charges, interest or other associated fees.

3) Eligibility must be established annually. To maintain eligibility, customer must sign a new application on or before the date of the previous year's application.

4) If customer becomes ineligible for the discount, Customer Service must be notified as soon as possible, but no later than 30 days after the ineligibility.

5) Falsifying information or failing to notify a change in eligibility status may lead to:

- Termination of water service
- Recovery of past discounts
- Civil and/or criminal sanctions

6) For questions, please contact Customer Service at 614-645-8276 Monday - Friday 7AM - 6PM, email [UtilityLead-Rep@columbus.gov](mailto:UtilityLead-Rep@columbus.gov) or visit [columbus.gov/utilities/](http://columbus.gov/utilities/).

2024 Spring Low Inc

2024



## Low Income Water and Sewer Discount Program

**A 20% discount is available on water and sewer consumption charges for qualifying low-income customers. Approved customers will also receive a one-time \$65 credit on their bill.**

**Requirements to qualify for the program are inside. To apply, please complete and return the enclosed application with the documentation, or apply online: [columbus.gov/payassist/](http://columbus.gov/payassist/).**

THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF  
PUBLIC UTILITIES

# 2024 WATER AND SEWER DISCOUNT APPLICATION

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Number Street / Road Apartment #

Phone:

\_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Account number (from water bill): \_\_\_\_\_

To be eligible for the low income discount program and \$65 one-time credit, applicants must have an active City of Columbus water or sewer account for their residence in their name (or spouse's name) and must meet at least one of the following requirements:

1. You must be currently enrolled in a qualifying low income program and provide current letter of participation from one of the following programs (must be dated and include name):
  - Ohio Medicaid
  - Supplemental Nutrition Assistance Program (SNAP)
  - Low Income Energy Assistance (LIEAP)
  - Low Income Household Water Assistance Program (LIHWAP)
  - Home Energy Assistance (HEAP)
  - Ohio Works First
  - Public Housing Benefits

**-OR-**

2. You must have a total income of less than 150% of the U.S. Bureau of Census poverty level (see income levels on opposite side). You must provide current proof of household income with the following for all household members over age 18 (must be dated and include name):

- Income Tax Return
- W-2 Forms
- Benefit Letter from Social Security
- Pension Award Statement

**Please send copies only of the above and this application to:** (copies will not be returned)

**Columbus Department of Public Utilities  
Customer Service Center  
910 Dublin Road  
Columbus OH 43215**



**Or apply online at [columbus.gov/payassist/](https://www.columbus.gov/payassist/)**

The information associated with this application has been examined by me, and is, to the best of my knowledge and belief, true, correct and complete.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ARE YOU 60 OR OLDER?** If yes, you may qualify for an additional Senior Discount so please also apply for it. For questions, please contact Customer Service Monday through Friday 7:00 a.m. - 6:00 p.m. at 614-645-8276, email [UtilityLeadRep@columbus.gov](mailto:UtilityLeadRep@columbus.gov) or visit [www.columbus.gov/utilities/](http://www.columbus.gov/utilities/).