



CUSTOMER ASSISTANCE PROGRAM APPLICATION “Help Eliminate Lead Pipes” (HELP)

Greater Cincinnati Water Works (GCWW) offers a customer assistance program to qualified property owners for the cost of their private (customer) side Lead Service Line (LSL) Replacement. This is known as the “Help Eliminate Lead Pipes” program (HELP). **HELP** provides a one-time cost benefit for private (customer) side Lead Service Line (LSL) Replacement. The one-time cost benefit will be applied as a credit on the LSL Replacement final bill from GCWW. There will be no cash payment of any kind to any recipient of HELP assistance. The balance due (after all credits) will be the responsibility of the property owner to pay as detailed in the Agreement for Private Lead Service Line Replacement.

Available funding for the HELP Program is limited and will be applied to qualified applicants on a first come first serve basis. Therefore, applications should be submitted as soon as possible to GCWW in person or by mail to verify if you qualify for additional assistance. To receive assistance, all approved applicants must participate in GCWW’s LSL Replacement Program by signing the Agreement for Private Lead Service Line Replacement provided by GCWW. GCWW will continue to assist qualified applications as long as funding remains available.

QUALIFICATION REQUIREMENTS

Any property owner who has a verifiable LSL is eligible to apply, however not everyone will be qualified. Qualification for the HELP program is based on the annual income of the property owner(s). To be qualified for the HELP Program the property owner(s) income must be equal to or less than the Low-Income (80%) Limits for Hamilton County as defined by the most recently published Department of Housing and Urban Development Housing (HUD) Income Limits Summary. All applicants will be notified by mail or email of the status of their application upon review by GCWW. Please note, it can take up to **10 business** days to process the application upon receipt by GCWW.

CUSTOMER ASSISTANCE AMOUNTS

Qualifying customers may receive a 30% credit applied to their final LSL replacement bill after any GCWW cost participation benefits have been applied.

CONTACT INFORMATION

For questions regarding the customer assistance program “Help Eliminate Lead Pipes” (HELP) or to check the status of your application, please contact HELP Program Administrator by telephone at: 513-591-6501.

INCOME EXPLANATION

To help determine if you qualify for the HELP Program, below is the most recently published Low-Income (80%) Limits for Hamilton County as published by the Department of Housing and Urban Development Housing (HUD). The property owner(s) household size is based on the number of dependents listed in their Form 1040 tax return filing from the previous tax year.

Income Summary Limits*

Property Owner(s) Household Size	Low-Income (80%) Limit for Hamilton County
1	\$43,900.00
2	\$50,150.00
3	\$56,400.00
4	\$62,650.00
5	\$67,700.00
6	\$72,700.00
7	\$77,700.00
8	\$82,700.00

*2018 Department of Housing and Urban Development Housing (HUD) Income Limits Summary

PRIVACY ACT NOTICE

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive assistance through the customer assistance program "Help Eliminate Lead Pipes" (HELP).

USE: GCWW may use Social Security numbers in the administration of the "Help Eliminate Lead Pipes" (HELP) program to verify property owner(s) information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information may also be used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Office Use Only

Application # _____

Low-Income (80%) Limit for Hamilton
County _____

65 years old _____

COMPLETE ONLY ONE APPLICATION PER PROPERTY

Please complete all items and questions and attach required proof.

Application must be completed by all property owners of record.

Please copy and attach additional sheets if there are more than two property owners.

(An incomplete application will delay assistance.)

PROPERTY OWNER(S) PERSONAL INFORMATION SECTION

Enter the information completely. **PLEASE USE DARK BLUE OR BLACK INK**

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

PROPERTY OWNER (Please Print or Type)

Social Security Number				First Name				M.I.		Last Name			
Date of Birth				Property Owner									
Mo.		Day		Yr.		Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Current Service Address (no. and street, including route)								Apt/Lot/Unit/Floor					
City				State		Zip Code		Ohio County					
Current Mailing Address (if different above)								Apt/Lot/Unit/Floor					
City				State		Zip Code		Ohio County					
Daytime Telephone including Area Code						Email Address							
Home ()						<input type="checkbox"/>		<input type="checkbox"/>					
Cell ()						<input type="checkbox"/>		<input type="checkbox"/>					
Work ()						<input type="checkbox"/>		<input type="checkbox"/>					

ADDITIONAL PROPERTY OWNER(S) (Please Print or Type)

Social Security Number				First Name				M.I.		Last Name			
Date of Birth				Property Owner									
Mo.		Day		Yr.		Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Current Service Address (no. and street, including route)								Apt/Lot/Unit/Floor					
City				State		Zip Code		Ohio County					
Current Mailing Address (if different above)								Apt/Lot/Unit/Floor					
City				State		Zip Code		Ohio County					
Daytime Telephone including Area Code						Email Address							
Home ()						<input type="checkbox"/>		<input type="checkbox"/>					
Cell ()						<input type="checkbox"/>		<input type="checkbox"/>					
Work ()						<input type="checkbox"/>		<input type="checkbox"/>					

Optional Property Owner(s) information

<p>Senior Citizen (65 years of age or older)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, do you receive a Senior Citizens Homeowners Exemption</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>In the past year, has your household experienced a financial hardship (i.e., recent illness, death in the family, loss of a job, divorce, etc.)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Active duty or veterans of the military</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do you have a disability?</p> <p>If yes, do you receive a Disabled Homeowners Exemption.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Income Documentation

The following documents for all property owners MUST BE included with your application, as applicable:

1. Previous year's Form 1040 (U.S. Individual Income Tax Return from Internal Revenue Service)
2. Previous year's Form W2 (Wage & Tax Statement from Internal Revenue Service)
3. Previous year's Form 1099's (Miscellaneous Income from Internal Revenue Service)

If exempt from filing Federal Income Taxes, other proof of income must be included with application.

You must read the terms of agreement and sign the application for the HELP Program.

CUSTOMER ASSISTANCE PROGRAM APPLICATION 2017-2018

Terms of Agreement

- I agree to allow GCWW to share demographic information only with organizations contracted by GCWW that evaluate the programs administered by GCWW.
- I understand that even if I am determined to be eligible, funding may not be available.

GENERAL AUTHORIZATION

Any applicant(s) who provides inaccurate income or property composition information risks being dropped from HELP Program.

I understand that by signing this application, I grant Greater Cincinnati Water Works, or its authorized providers, access to employment, public assistance, utility company or other records needed for verification and evaluation of qualification. I further grant Greater Cincinnati Water Works, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my property will receive assistance.

I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

Please copy and attach additional signature sheets if there are more than two property owners.

**PROPERTY OWNER(S) PLEASE SIGN AND MAIL APPLICATION TO:
Greater Cincinnati Water Works, HELP Program
4747 Spring Grove Ave., Cincinnati, OH 45232**

Print Name Here _____

Application Date _____

Sign Here _____

Print Name Here _____

Application Date _____

Sign Here _____

Date Printed – April 2018