

Application for Reimbursement for the Installation of Water Control Devices
(Please Print, Type or Write Legibly)

Name(s) of Owner(s) as listed on deed: _____

Address of Residence including Zip Code: _____

Contact phone number(s): _____ Email address: _____

Year residence built: _____ Date acquired: _____

Is a copy of the deed or Summit County Fiscal Officer's Tax Appraisal card attached? Yes No

Current in all local income taxes and real estate taxes? Yes No

Single family residence: Do you live in this residence? Yes No

Two or three family residence: Do you live in this residence? Yes No

Type of device or devices installed:

- a) Back flow preventer Date installed _____ Cost _____ Yes No
- b) Sump pump Date installed _____ Cost _____ Yes No
- c) Disconnected drain from sanitary sewer Date installed _____ Cost _____ Yes No
- d) French drains – exterior Date installed _____ Cost _____ Yes No
- e) French drains – interior Date installed _____ Cost _____ Yes No
- f) Other (describe) _____ Date installed _____ Cost _____ Yes No

Attach itemized invoice detailing items purchased and work that was completed. Yes No

Attach proof of payment (Example: paid in full receipt or cancelled check). Yes No

AMOUNT OF REIMBURSEMENT REQUESTED: _____

<u>OPTIONAL INFORMATION TO BE CONSIDERED RELATING TO PRIORITY OF APPLICATION</u>		
1. Attach proof of age. (Over 65)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Under 65 but permanently or totally disabled and entitled to the Homestead exemption provided by Ohio Law.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Attach proof of eligibility.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Receiving government disability checks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. A surviving spouse entitled to the Homestead exemption provided by Ohio Law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Attach proof of eligibility.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Surviving spouse whose household income is at or below federal poverty standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number in household		
b. Attach last year's federal tax return for all household members.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Attach last two current pay stubs for each member of household or other evidence of income; include social security or the payments received from employers or government agencies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I/we certify I/we have reviewed the application and to the best of my/our knowledge and belief, it is true and correct and permit the Fairlawn Tax Department to verify my/our payment status, i.e., current or delinquent in Fairlawn's income tax.

Date _____ day of _____, 20 _____

Owner(s)' Signature: _____
