Akron Water and Sewer Bill Assistance Program Application

Full Name:		Utility Bill #:
Address:	City/State:	ZIP Code:
		Phone Number:

APPLICANT'S SIGNATURE/ AUTHORIZATION

I declare to the best of my knowledge the above information and attachments are true and accurate. I understand that if any or all of the information which I have given is found to be invalid or falsified, that I will be required to repay the City of Akron for the assistance rendered to me under the Akron Water and Sewer Bill Assistance Program. I consent that this information may be shared with the United Way to determine if I am eligible for any other assistance programs.

Applicant's Signature _____ Application Date _____

Please attach one of either:

- **Home Energy Assistance Program (HEAP) Letter**
- **Percentage of Income Payment Plus Letter**

If you are an applicant who does not own your home, please also attach:

- **Documentation of Responsibility for Water Utility Bill (such as a lease or rent-to-own agreement)**

and return application by email to ubo@akronohio.gov, mail to 1180 S. Main Street, Suite 110 Akron, Ohio 44301, or fax to (330) 375-2308

Questions? Call (330) 375-2554