

Exhibit A

CITY OF SPRINGBORO

WATER AND SEWER ASSISTANCE PROGRAM

PROGRAM QUALIFICATIONS AND REQUIREMENTS

May 6, 2011

Water and Sewer Assistance Program:

The City of Springboro Water and Sewer Assistance Program is based upon 175 % of the Health and Human Services (HHS) Poverty Level as published in March, 2011 and each March thereafter.

Persons in family	HHS Income	175% level
1	\$10,890	\$ 19,100
2	\$ 14,710	\$ 25,800
3	\$ 18,530	\$ 32,500

Non – business customers only are eligible to apply.

General Guidelines:

- ✓ Must be residents of the City of Springboro.
 - ✓ Utility bill must be in the applicant's name.
 - ✓ Income cannot exceed 175% of the federal poverty guidelines under the Department of Health and Human Services.
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- *Approved applicants shall be billed the user rate for water and sewer, trash and storm water utility in the amount of those rates as of March 31, 2011. An annual cost of living increase will be added to the applicant's rate per the Fee Schedule Ordinance of the City of Springboro beginning on January 1st of each year.*
 - The applicant must reapply to the City of Springboro Water and Sewer Assistance Program annually, prior to the anniversary date of initial acceptance into the program to be granted the assistance for any additional year.

Applicant shall present to the City the following documents to qualify:

Proof of residency: (any one)	Utility bills Mortgage statement Lease Rent receipt
Proof of identity: (any one)	Driver's licenses US or State ID Card with photo US Passport
Proof of income: (all that apply)	Pay stubs W-2 Social Security Award Letter Disability Award Letter Pension Award Letter Unemployment Award Letter Workers Comp Award Letter IRS form 1040

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Applicant Checklist:

_____ Provide number of persons living in applicant's household and their ages

_____ Proof of Residency: mark all received; one required

- _____ Utility bills
- _____ Mortgage statement
- _____ Lease
- _____ Rent receipt

_____ Proof of Identity: mark all received; one required

- _____ Driver's License
- _____ US or State ID Card with photo
- _____ US Passport

_____ Proof of Income for ALL primary household providers: submit all that apply

- _____ Pay Stub
- _____ W-2
- _____ Social Security Award Letter
- _____ Disability Award Letter
- _____ Pension Award Letter
- _____ Unemployment Award Letter
- _____ Workers Comp Award Letter
- _____ IRS form 1040

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Approved: _____
Finance Director (or designee)

Date: _____