BAY RESTORATION FUND RESIDENTIAL EXEMPTION REQUEST FORM LAVALE SANITARY COMMISSION

Residents must **FIRST** meet the **Income Eligibility Standards** as outlined below:

Residents must FIRST II	leet the Income Engionity Stand	iarus as outililed below.	
	Effective July 1, 2024 – June	e 30, 2025*	
Household Size		Gross Income is less than	
1		\$2.510.00 \$3.406.67	
2 3		\$3,406.67 \$4,303.33	
3 4		\$4,303.33 \$5,200.00	
5			
		\$6,096.67 \$6,003.33	
6 7		\$6,993.33 \$7,800.00	
8		\$7,890.00	
		\$8,786.67	
9		\$9,683.33	
1		\$10,580.00	
	11+ Contact your Local OHEP	Office	
	AND		
Then meet at least one (1) of the following conditions - Check all boxes that apply			
 Receiving energy assistance subsidy 			
• Receiving public assistance:			
• Receiving public	assistance.		
Supplemental security income			
Food stamps			
• Receiving Veterans or Social Security Disability benefits		efits \square	
Residents will be required attached to this form).	I to provide proof for each item cl	hecked above (list of information nea	eded is
The exemption is valid fo verified.	r <u>one</u> (1) year only. Any subseq	uent exemptions must be reprocessed	d and
PLEASE PRINT			
Name:			
Mailing Address:			
City, State, Zip:			
Phone Number:			
Date:			
Signature:			
FOR OFFICE USE ONLY			

FOR OFFICE USE ONLY

APPROVED DENIED \square Account # _____ Approved By: Date:

INFORMATION YOU WILL NEED TO BRING WITH YOU

- ✓ Copy of a photo identity for the applicant
 ✓ Proof of residence
 ✓ Copies of social security cards for all household members (including Children)
 ✓ Proof of ALL your household's TOTAL GROSS income for the last 30
- days (from all sources of income)
- If you rent, a copy of lease or rent receipt