

**1. APPLICANT** (Please print clearly)

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FIRST NAME	M.I.	LAST NAME	PHONE	EMAIL
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**2. APPLICANT'S SPOUSE**

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FIRST NAME	M.I.	LAST NAME	PHONE	EMAIL
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**3. APPLICANT ADDRESS** (Please print clearly)

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HOUSE #	STREET	CITY	STATE	ZIP	COUNTY
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**4.** Is GCWW your water service provider? ☐ Yes ☐ No

**5. WATER/SEWER ACCOUNT #**

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(Can be found on your water/sewer bill)

**6.** What is your Modified Adjusted Gross\* income?

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(located on your Ohio IT-1040 tax return line 3)

**7. Documents Attached** (Please send copies only!)

Proof of Age (please check one):

- ☐ Ohio Driver License or
- ☐ Ohio Identification Card or
- ☐ Your Birth Certificate

Proof of Income (please check all that apply):

- ☐ Ohio Income Tax Return (previous year) and/or
- ☐ Social Security Benefit Verification Letter and/or
- ☐ Other \_\_\_\_\_  
(ex. W-2, 1099, pension award, rental income)

Proof of VA Disability Benefits (please check one):

- ☐ VA Disability Benefits Statement
- ☐ No VA Disability Benefits

My signature below attests that all the information provided here with this application is, to the best of my knowledge, true and correct. I declare that I currently own this property, and it is my principal place of residence and that I have accurately reported my total annual income. I understand that if any information provided with this application is found to be false, I will be declared ineligible for the GCWW Discount 4U Program.

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Applicant Signature

Date

**Return this form and all appropriate documentation by mail or email to:**

Greater Cincinnati Water Works  
Attn: CARE Team Manager  
4747 Spring Grove Avenue Cincinnati, Ohio 45232  
email: [help@mygcww.org](mailto:help@mygcww.org) / phone: 513-591-7700