

Electric Panels, Wiring, or other Electrical Equipment
Installation Reimbursement Application
(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 equipment or devices installed:

a) Electrical panels Date installed _____ Cost _____ Yes No

b) Wiring Date installed _____ Cost _____ Yes No

c) Other electrical equipment (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: _____
