



DANIEL HORRIGAN, MAYOR

Akron Cares Application

First Name:	M.I.:	Last Name:
Address:	City:	Zip Code:
Phone Number:	Email:	Water Bill Account No.

Eligibility

Please check the box under which criteria you qualify for the Akron Cares Program (only need to select one):

- Have a recent letter of participation (must be dated and include name) from one of the following:
- Supplemental Nutrition Assistance Program (SNAP, also known as food stamps or EBT) or WIC
 - Ohio Medicaid
 - Home Energy Assistance Program (Heap) or Percentage of Income Payment Plus (PIPP)
 - Ohio Works First (OWF)
 - Ohio Public Housing Benefits

- Recipient of the Summit County Homestead Exemption (No documentation required, UBO will verify)

- Household income is than 300% of the federal poverty level. (You must include a copy of your most recent 2 paystubs)

Household size	1	2	3	4	5	6	7	8
Monthly	3,190	4,310	5,430	6,550	7,670	8,790	9,910	11,030
Yearly	38,280	51,720	65,160,	78,600	92,040	105,480	118,920	132,360

- Finances have been negatively affected by the COVID-19 pandemic and this hardship is making it difficult to make timely utility bill payments. (Please provide documentation of how your finances were negatively impacted by COVID-19, i.e. unemployment documentation, letter of furlough from employer, etc.)

Race/Ethnicity

Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

Hispanic/Latino

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Prefer not to disclose

Other Bills

Are you currently delinquent on any other bills? If yes, select below

Mortgage/Rent

Property Taxes

Electric

Gas

Student Loans

Car Payment

Other _____

Financial Empowerment Referral

Are you interested in having a Financial Coach from the United Way Empowerment Center contact you? Participation in Financial Coaching may result in further assistance or waiver of penalties.

Yes

No

