

Roads Committee Meeting

Boston Heights Town Hall

June 2014 5:00PM

Attendees: Mayor Goncy, Road Superintendent Pickering, Engineer Krock,

Councilmen Bartko & Fenn

1. Road superintendent Report-

Major activities are fixing water leak in Cemetery, repairs at Park and mowing

Purchased gearbox for John Deere Mower

2. Engineer Report

Repaired sections of Akron-Peninsula road- waiting on Peninsula to complete their repairs before sealing entire road by August

Hines Hill design between Olde 8 and New 8 is almost completed

Ashbrooke and Walters Road paving projects and going out for July Bid

Reviewed signs for new Village parking lot

3. Other Issues

I contacted Summit County about the sewer rates in Boston Heights and a User Fee Discount, attached is the information.

Ronald Fenn, Chairman

SEWER RATES IN BOSTON HEIGHTS

Information provided by Department of Environmental Services (DOES)
of Summit County, Joan Goff 330-926-2437

Presently the residential sewer fee is charged at a Flat Rate of \$62.22/month- billed Quarterly @ \$186.66- regardless of water usage. There is a reduced rate for the summer months for June, July & August of \$56.00/month.

Metered Rate is \$6.67/HFC (Hundred Cubic Feet) with a reduced rate of \$6.00/HFC for the summer months.

To change from the Flat to Metered Rate would require an agreement between the Village of Boston Heights and DOES. All residents that have metered water would be billed at Metered Rate, those using well water would remain on the Flat Rate.

There is a Discount rate for Seniors/Disabled who have meet eligibility income requirements. Reduction is 35% for Flat Rate and 10% for residential Metered rate. Application Forms are available at the Town Hall.

**SUMMIT COUNTY
ENVIRONMENTAL SERVICES
FIXED INCOME/DISABLED CITIZEN/
SENIOR CITIZEN USER FEE DISCOUNT**

THREE EASY REQUIREMENTS:

- Age 65 or older or permanently and totally disabled under the age of 65. Surviving spouse of recipient age 59 – 64.
- Total adjusted household annual income of applicant and spouse not more than \$32,420.00 or \$24,780.00 for household of one for CURRENT tax year (copy of W-2, 1099 or 1040 or 1040-A and/or Social Security SSA-1099 form(s) MUST be submitted with application). Income includes but is not limited to adjusted gross income. Example: *You must include nontaxable Social Security.*
- Own and reside in home as of January 1 in year of application.

** income levels rvsd. 03/01/2011

Total income of spouse and applicant include common items listed below:

Income Included:

- ✓ Social Security*
- ✓ Pensions
- ✓ Interest
- ✓ Wages
- ✓ IRA Withdrawals
- ✓ Gambling Winnings
- ✓ Rents
- ✓ Annuities
- ✓ Insurance Contracts
- ✓ Unemployment Compensation
- ✓ Gain from property sales
- ✓ Disability Income which became Retirement Income

*After the first year of application and approval, Social Security cost-of-living increases are not included as income.

Income Not Included:

- ✓ Social Security Increases
- ✓ Social Security Disability until age 65
- ✓ Medicare
- ✓ Veterans
- ✓ Employee Paid Disability Pensions
- ✓ \$5200 of employer paid Disability Pension
- ✓ Black Lung Benefits
- ✓ Workers Compensation
- ✓ Welfare, ADC
- ✓ Inheritance
- ✓ Gains (\$125,000.00)
- ✓ Life Insurance due to death
- ✓ Railroad Retirement Benefits in adjusted Gross Income
- ✓ Police and Firefighters Fund until retirement

If you have any questions concerning the discount or would like an application please call Summit County Environmental Services Billing Department @ (330) 926-2400 or (800) 828-2087 Monday thru Friday 7:30 a.m. – 4:00 p.m. Mail completed form & attachments to: D.O.E.S P.O. Box 1075 Cuyahoga Falls Oh. 44223-0075

**SUMMIT COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES
2525 STATE RD. CUYAHOGA FALLS, OH. 44223**

(330) 926-2400 or (800) 828-2087

FIXED INCOME/DISABLED CITIZEN/SENIOR CITIZEN DISCOUNT PROGRAM

TYPE OF APPLICATION (check one) Senior Citizen Surviving Spouse Disabled Citizen

Applicant Name: _____ Spouse: _____

Homeowner(s) Name: _____ Phone #: _____

Service Address: _____ D.O.E.S. Acct. #: _____

Applicant Birth Date: ___/___/___ Spouse Birth Date: ___/___/___ How many residing in home? _____

Physician Verification of Disability Required If Applicable

Under Section 323.151 ORC provides "some impairment in body or mind that makes him unfit to work any substantially remunerative employment which he is reasonably able to perform and which will, with reasonable probability, continue for an indefinite period of at least 12 months without any present indication of recovery therefrom of has been certified permanently and totally disabled by a state or federal agency having the function of so classifying persons."

In accordance with the above, I (we) hereby certify that _____ was, as of this date
___/___/___, and is now permanently and totally disabled by virtue of physical or mental disability.

Physician Name: _____ Physician Signature: _____

Address: _____ Phone: _____

Agency: _____ Signature: _____

Adjusted gross income requirements for 20___ is \$_____ for household of two(combined income). Adjusted gross income for household of one is \$_____ including but not limited to adjusted gross income on bottom line of tax return form. You must also include as income any NONTAXABLE income. (Proof of income requirement:current tax year 1099, W-2, 1040 or 1040-A,etc.)

ELIGIBLE INCOME

APPLICANT

SPOUSE

<u>ELIGIBLE INCOME</u>	<u>APPLICANT</u>	<u>SPOUSE</u>
1. Adjusted Gross Income(from required form)	+ \$	+ \$
2. Nontaxable Social Security/Survivors	+ \$	+ \$
3. Nontaxable Retirement/Pension/Annuity	+ \$	+ \$
4. Subtotal of lines 1, 2 & 3	+ \$	+ \$
5. Subtract Veteran's Disability Payments	- \$	- \$
6. Subtract other disability up to \$5,200.00	- \$	- \$
7. Subtotal of lines 5 & 6	+ \$	+ \$
Income Total – (subtract line 7 from line 4)	+ \$	+ \$

applicant signature

date

OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED

DENIED

RECEIVED BY: _____

APPROVED BY: _____