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PUCO

August 2, 2010

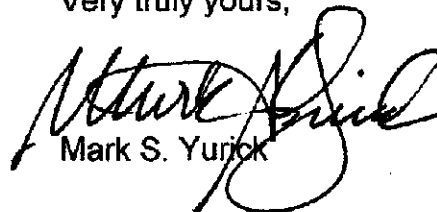
Renee Jenkins
Chief of Docketing
The Public Utilities Commission of Ohio
180 East Broad Street
Columbus, Ohio 43266-0573

**Re: In the Matter of the Application of Aqua Ohio, Inc. for Authority to
Increase its Rates and Charges in its Masury Division
PUCO Case No. 09-560-WW-AIR**

Dear Ms. Jenkins:

Please find attached for filing, in the above-captioned case, Exhibit 1 to Aqua Ohio, Inc.'s Low-Income Assistance Program Agreement. Exhibit 1 was inadvertently not attached to the agreement. Please contact me with any questions or concerns.

Very truly yours,


Mark S. Yurick

MSY/clis
cc: All Parties

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Aqua Ohio Masury Division Water Assistance Application Form

Appointment Date / Time:	Date:
Customer Name:	Phone Number:
Customer Address:	
Aqua Ohio Account Number (7 Digit Number):	Amount In Arrears: \$
Brief Explanation Why Water Bill Is In Arrears:	

Documentation of Total Gross Household Income

Family Member Name	Age	Relationship	Source of Income	Gross Income
				\$
				\$
				\$
				\$
				\$
Total Gross Household Income				\$

Determination of Water Assistance Eligibility

Total Number Permanent Household Members	#
Total Gross Household Income	\$
Household Is At or Below 200% of Poverty?	YES NO circle one
	continue with application of answer is "yes" stop if answer is "no" – not eligible
Eligible for the Aqua Ohio Assistance Program?	YES NO circle one
Amount of Assistance Awarded: (Up to \$150)	\$
Explanation if Extreme Hardship: (Up to \$250)	
Payment(s) made in Last 90 Days and Amount	
Service Terminated or Termination Pending?	YES NO circle one
	Document any payment arrangements.

I verify that the information above is true and give my permission for this information to be shared with Aqua Ohio for purposes of audit or verification. I agree that the Agency administering the program for Aqua Ohio shall be entitled to obtain information about my water account. I further agree to provide any additional information, upon request, as may be needed to verify my eligibility for the program and for the amount of the assistance I receive. I understand that if any of the information above is false, I may be refused assistance, I may be prosecuted, and I will be required to refund any amounts previously credited to my account.

Caseworker Name	Applicant Name
Caseworker Signature / Date	Applicant Signature / Date

E-mail or fax the completed Water Assistance Application Form to the designated Aqua Ohio Masury Division contact.



Documents Required From Customer to Process Application:

- **Proof of Identification:**
 - Government issued photo identification (including, but not limited to, drivers license, military identification card, passport, etc), and
 - Social Security Card or Birth Certificate.
- **Proof of Household Income:**
 - Pay Stubs, Social Security Checks, etc. for Past 30 Days, or
 - Most Recent W-2 Forms, or
 - Most Recent Income Tax Filing with IRS (including Schedule C if self-employed), or
 - Home Energy Assistance Program (HEAP) Documents.
- **Proof of Water Utility Bill Balance:**
 - Most Recent Bill / Termination Notice.

**Federal Poverty Income Guidelines (2010/ 2011)
200% Income Table**

Household Size	Weekly Gross Income	Monthly Gross Income	Yearly Gross Income
1	\$ 417	\$ 1,805	\$ 21,660
2	\$ 560	\$ 2,428	\$ 29,140
3	\$ 704	\$ 3,052	\$ 36,620
4	\$ 848	\$ 3,675	\$ 44,100
5	\$ 992	\$ 4,298	\$ 51,580
6	\$ 1,136	\$ 4,922	\$ 59,060
7	\$ 2,280	\$ 5,545	\$ 66,540
8	\$ 1,423	\$ 6,168	\$ 74,020
For Each Additional Person Add	\$ 144	\$ 623	\$ 7,480