CITY OF GADSDEN
APPLICATION FOR GARBAGE FEE EXEMPTION

OFFICE USE ONLY

ACCOUNT#_____ ACCOUNT NAME_____

( ) NEW APPLICATION ( ) RENEWAL FOR CALENDAR YEAR_____

( ) APPROVED ON _____

( ) DENIED ( ) REVOKED COMMENTS:

_____

_____

_____

( ) I hereby affirm that the **only** income from **all** residents living in this household is from Social Security. No one receives income from any other source.

( ) I am 62 years of age or older and my household income level qualifies me for the Federal Food Stamp Program.

NAME:_____ PHONE:_____

(Garbage & water bill must be in applicant's name) (Must have phone # to process)

ADDRESS: _____ZIP CODE_____

List yourself and every other person who lives in the household – All income must be shown, including ADC, child support, alimony, wages, salaries, food stamps, dividend or interest income, rental income, retirement or pension. Form must be returned with paper copy of proof of income on all household members.

NAME	DATE OF BIRTH	SOCIAL SECURITY#	INCOME SOURCE	MONTHLY AMT.

Applicant may be required at any time to produce evidence of the household income to maintain the exemption. **This is a legal document and any intentional misrepresentation in this application is punishable in accordance with law.** Applicant hereby authorizes the Social Security Administration and/or the Alabama Department of Human Resources to release any information requested by the City of Gadsden relating to benefits being received.

_____ _____ _____

(Witness) (Applicant's Signature) (Date)

APPLICATION FOR GARBAGE FEE EXEMPTION (Continued)

1. List name as it appears on the garbage bill: _____

2. How many persons reside in the household, including yourself? _____
   How many receive income of ANY kind? _____

3. Does the household receive food stamps? ( ) Yes: Case # _____ ( )No If so, amt: _____

4. | | Last place of employment: | Length of service: |
|---|---|---|
| *(Applicant)* | _____ | _____ |
| *(Spouse)* | _____ | _____ |
| *(Other* | _____ | _____ |
| *Residents)* | _____ | _____ |

5. Does anyone in the household work? ( ) Yes ( )No

6. Is anyone in the household able to work? ( ) Yes ( ) No

7. Does anyone in the household receive pension benefits, other than Social Security?
   ( ) Yes ( )No

8. Does anyone in the household receive V. A. benefits? ( ) Yes ( ) No Amt: _____

9. Are you the owner/purchaser of your home? ( ) Yes ( ) No
   Does anyone in the household own any other property? ( ) Yes ( ) No
   If yes, explain (include amount of any rental income)
   _____
   _____
   _____

10. Does anyone in the household own a vehicle? ( ) Yes ( ) No
    If yes, list: _____ (year) _____ (make) _____ (model)
    _____ _____ _____

11. Does anyone in the household have savings? ( ) Yes ( )No
    If yes, check amount: ( ) $1,000 to $3,000 ( ) $3,000 to $5,000 ( ) Over $5,000

12. Amount of **INTEREST** received from savings per quarter: $_____

13. What is the last year you filed an income tax return? _____
    (If filed within the last five (5) years, a copy of return must be attached)

ALL QUESTIONS MUST BE ANSWERED AND APPLICANT MUST SIGN AT THE BOTTOM OF THE FRONT PAGE. THE SIGNATURE MUST BE WITNESSED (CAN BE ANYONE WHO KNOWS THE APPLICANT). IF NOT, APPLICATION WILL NOT BE PROCESSED!