

**CITY OF FAIRFIELD GARBAGE COLLECTION FEES
HARDSHIP CASE APPLICATION - INCOME-BASED EXEMPTION
(BASED ON SOCIAL SECURITY AS ONLY INCOME OR FEDERAL POVERTY LEVEL)
(REFERENCE: STATE OF ALABAMA SOLID WASTE ACT)**

**EXEMPTIONS BASED ON INCOME ARE RENEWABLE DURING THE MONTH OF NOVEMBER OF EACH YEAR
MUST BE SUBMITTED TO CITY HALL BY NOVEMBER 30, 2022 @5 P.M.**

Name (Please Print)_____ Age_____ Date of Birth ____/____/_____

Social Security Number_____ Email Address: _____

Telephone Number(s) Home_____ Cell_____

Address:_____ City_____ Zip Code_____

Mailing address if different from above:

Address:_____ City_____ Zip Code_____

Do you own or rent?_____

Is Social Security your ONLY source of income? (YES)_ _____ (NO) _____

Did you receive an exemption from the garbage collection fee last year? (YES)_____ (NO)_____

***NOTE:** The City reserves the right to examine documents/submittals, public records and other related matters in order to validate eligibility for any and all exemptions/exceptions. The requested proof of income documentation (e.g. official verification of Social Security and retirement benefits, SSI [Supplemental Security Income], Federal and State tax returns, bank statements, etc.) shall be provided to the Revenue Division of the City Clerk's Office no later than November 30th. (Ordinance No.17-1107-1/Adopted 11-28-2017)*

You must provide copies of the following where applicable:

___ Drivers license or other acceptable form of photo identification. (Applicant shall be prepared to present his/her drivers license or other photo ID for copying by the Revenue Division.)

___ The last **three** (3) Social Security payments received by each member of the household.

___ The last **three** (3) bank statements (checking and/or savings) of each member of the household who has a checking or savings account.

___ Last year's state and federal tax returns for each member of the household who filed a state or federal return.

___ Utility (power, water, cable/internet, gas) bills from last three (3) months

***(NOTE:** Anyone who uses your household address must be shown as part of your household.)*

Number of individuals living at or using this household address_____

(Must include **EVERYONE** who lives in the house or uses the household address.)

List name, date of birth and Social Security# of each household member and their relationship to you:

(If additional space is needed, you may write on the back of this page.)

<u>NAME (Print)</u>	<u>DOB</u>	<u>SOC. SEC. NO.</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please state the **combined** gross monthly income of the **entire household** _____

Is any member of the household employed? (YES) _____ (NO) _____

List those who are employed: _____

Please indicate all sources of income in the household and the amounts from each source:

(If the answer is "NONE", write NONE in the blank.)

- Social Security Amount _____ House member(s) receiving _____
- SSI (Supplemental Security Income) Amount _____ House member(s) receiving _____
- Veteran's Benefits Amount _____ House member(s) receiving _____
- Retirement/Annuities Amount _____ House member(s) receiving _____
- Employment (Full or PT) Amount _____ House member(s) receiving _____
- Workers Compensation Amount _____ House member(s) receiving _____
- Unemployment (*Pennies*) Amount _____ House member(s) receiving _____
- Alimony Amount _____ House member(s) receiving _____
- Child Support Amount _____ House member(s) receiving _____
- Rental Income Amount _____ House member(s) receiving _____
- Investments Amount _____ House member(s) receiving _____
- Interest Income Amount _____ House member(s) receiving _____
- Other Amount _____ House member(s) receiving _____

If other, please identify the source and amount _____

Please provide any other information relevant to household income:

(Please read the following AFFIDAVIT STATEMENTS carefully before signing.)

I and/or members of my household agree to provide information to the City of Fairfield as requested to establish my eligibility for exemption from the garbage collection fee and understand that we may be required to authorize the Social Security Administration, Alabama Department of Human Resources, employers or an applicable agency to release any information requested by the City of Fairfield relating to my benefits or the benefits of members of my household.

I hereby state in writing under oath that the information submitted herewith is true and correct to the best of my knowledge and I have not misrepresented information in order to qualify for consideration for an exemption. I understand it is MY obligation to notify the City of Fairfield if the situation changes in the future and that failure to comply with any and all regulations shall subject me to prosecution under civil and/or criminal laws.

I understand that I am required by law to provide this information in order to obtain an exemption on the grounds that the household's sole source of income is Social Security or that the total household income does not exceed 75% of the current federal poverty level. I give permission for the City of Fairfield or its designee to investigate any of the above information and to contact other entities. I understand that I may be subject to statutory penalties if I knowingly provide false or misleading information in order to obtain an exemption from the payment of garbage collection fees. I also understand that any exemption granted is only available as long as my household's situation qualifies for the exemption and that I will have to re-apply every calendar year.

Signed _____ Date _____ Witness _____

Print Name _____ Witness _____

*** * * * * FOR OFFICE USE ONLY * * * * ***

Social Security card viewed (YES)_ (NO) ___ Drivers License viewed (YES)_ (NO) _

Other (Specify) _____

Clerk _____ Date _____

*** * * * * DISPENSATION * * * * ***

APPROVED ___ DENIED __

Reason for Denial _____

Reviewed By _____ Date _____