

**CITY OF HUEYTOWN 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 SEPTEMBER OF EACH YEAR

(Initial applications accepted year-round)

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 _____

Is the residence within the City limits of Hueytown? _____ 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 September 30th prior to the first billing date of the new fiscal year for which the exemption is desired. (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.

***(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 (<i>Pennies</i>)	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 Hueytown 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 Hueytown 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 Hueytown 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 Hueytown 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 _____	