

## **APPLICATION AND AFFIDAVIT FOR SOLID WASTE COLLECTION FEE SOCIAL SECURITY EXEMPTION**

You are being provided this form in relation to a request for exemption to the sanitation fee for solid waste collection by the County.

To be eligible for the exemption to the sanitation fee, Social Security Benefits must be the **ONLY** source of income for all individuals in this household. If **ANY** person in this household receives any other type of income, the household is not eligible for the exemption. No other sources of income can be received by anyone residing in the household including compensation for services, gross income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; alimony and separate maintenance payments; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership gross income; in respect of a decedent; income from an interest in an estate or trust, etc.

### **The following proof of income must be provided with your application:**

- 1. A copy of the last three months bank statements of all checking/savings accounts for each individual in your household who receives income.**
- 2. If you do not have a bank account, provide the last three statements from your Direct Express Card.**

This exemption request form must be filled out and all proofs of income must be submitted to the address listed below **before December 31, 2016**, to be eligible for this exemption for the 2017 calendar year. The household must reapply for this exemption each year.

Please be advised that any person who knowingly provides false or misleading information in order to obtain an exemption shall be subject to the provisions of ALA. CODE § 22-27-7.

**Mail the entire form, including the following page and Bank Statements to:**

Houston County Health Department  
**Attn: Keith Hicks/Social Security Exemptions**  
P.O. Drawer 2087  
Dothan, AL 36302

## HOUSEHOLD INFORMATION

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-911 (Physical) Address of Applicant: \_\_\_\_\_ Mailing address (if different than E911): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Number of persons living at residence: \_\_\_\_\_

List the combined monthly income of **ALL** in the household: \$ \_\_\_\_\_

### **Name of other individuals receiving income or social security benefits at this address:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*If more individuals reside in this household and receive income, write their names and social security numbers on the back of this form.

X \_\_\_\_\_

SIGNATURE OF APPLICANT

X \_\_\_\_\_

DATE

Please be advised that any person who knowingly provides false or misleading information in order to obtain an exemption shall be subject to the provisions of ALA. CODE § 22-27-7.

<b>FOR DEPARTMENT USE ONLY</b>
--------------------------------

Exemption Request received by Houston County Health Officer on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Application approved: \_\_\_\_ Yes \_\_\_\_ No

Date: \_\_\_\_\_

\_\_\_\_\_  
Houston County Solid Waste Supervisor

\_\_\_\_\_  
Houston County Solid Waste Officer