

CITY OF PHENIX CITY
2017 APPLICATION FOR EXEMPTION OF GARBAGE FEES

Date: _____
Name: _____
Property Address: _____

Mailing Address: _____

Phone Number: _____

For Office Use Only	
Date Rec'd: _____	
Name on Account: _____	
Account Number: _____	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

I, _____, do hereby affirm that: **(a)** the above referenced address is my primary residence; **(b)** that the garbage service for this residence is in my name; and **(c)** I am eligible to receive a garbage exemption based on:

- ☐ - **The sole source of income for myself and all adult residents in this household is derived solely from Social Security Benefits. I have attached the following documents as proof of income:**
- Certified copies of Income Tax Returns for myself and all adults residing at this location.
 - Sworn statement declaring exemption from filing Income Tax, current statement of benefits received from Social Security, and current copy of bank statement for myself and all adults residing at this location.
- ☐ - **I am 62 years of age or older and the combined income of all adult residents in this household does not exceed 75% of the Federal Poverty Guidelines for the year that I am requesting an exemption for, a portion of which includes income from Social Security Benefits. I have attached the following documents as proof of income:**
- Certified copies of Income Tax Returns for myself and all adults residing at this location.
 - Sworn statement declaring of exemption from filing Income Tax, current statement of benefits received from Social Security, and current copy of bank statement and for myself and all adults residing at this location.

_____ I further understand that it is my duty to report any change in my financial status that may prohibit me from receiving an exemption for garbage fees as outlined in the City of Phenix City Code of Ordinances and pursuant to Code of Alabama, 1975, §22-27-3 and that as a result of failure to do so I may be subject to the penalties for violation as listed in this article and pursuant to the Code of Alabama, 1975, §22-27-7.

_____ I acknowledge that should I be granted an exemption, that renewal of such exemption is not automatic; that it is my responsibility to submit an application for exemption between the dates of August 1st and August 31st for each year I desire to receive said exemption; and my application will not be accepted if received after the August 31st deadline.

Oath and Permission to Investigate: I, the undersigned do hereby certify that all the information provided herein is correct and accurate to the best of my knowledge. I do hereby grant permission for the City of Phenix City or its agents to investigate any or all of the information I have provided.

Signature of Applicant

STATE OF ALABAMA }
COUNTY OF RUSSELL }

On this the _____ day of _____, 2017 _____ did personally appear before me and swore that the above listed statements are true and correct.

S E A L

SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

CITY OF PHENIX CITY ALABAMA

SWORN STATEMENT FOR EXEMPTION OF FILING YEARLY INCOME TAX

I, _____, do hereby state that I am exempt from
NAME
filing yearly Income Tax Returns. The last year I was required to file income tax returns was:

(If filed within the last 5 years a copy of the return must be attached.)

Print Name: _____

Signature: _____

Date: _____

NO BANK ACCOUNT AFFIDAVIT

I, _____, do hereby attest that I do not have a bank account, I do not
share a bank account with another person/persons, nor am I listed on a bank account with another person/persons.

Print Name: _____

Signature: _____

Date: _____

STATE OF ALABAMA }
COUNTY OF RUSSELL }

Sworn to and subscribed before me, this the _____ day of _____, 2017.

S E A L

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

LIST YOURSELF AND ALL PERSONS LIVING IN YOUR HOUSEHOLD FOR WHICH YOU ARE REQUESTING A GARBAGE EXEMPTION. YOU MUST INCLUDE NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ALL SOURCES OF INCOME RECEIVED, AND THE MONTHLY AMOUNT RECEIVED FOR EACH SOURCE. (ATTACH ADDITIONAL SHEET IF NEEDED)

NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	INCOME SOURCE	MONTHLY AMOUNT REC'D

DO NOT WRITE IN THIS SPACE – FOR OFFICIAL USE ONLY

Date Received: _____

☐ Approved

☐ Disapproved:

☐ Not Signed

☐ Information Incomplete

☐ Required Proof of Income Not Attached

☐ Other : _____

Signature of City Clerk

CITY OF PHENIX CITY ALABAMA

GARBAGE EXEMPTION FEE

2017 GARBAGE EXPEMPTION INCOME LEVEL BASED ON THE FEDERAL POVERTY LEVEL AS DEFINED BY HHS

Number of Residents in Household	2017 Federal Poverty Level	Percentage of of Poverty Level Allowed	Total Gross Yearly Income Allowed	Monthly Gross Income Allowed
1	\$12,060	75%	\$9,045	\$754
2	\$16,240	75%	\$12,180	\$1,015
3	\$20,420	75%	\$15,315	\$1,276
4	\$24,600	75%	\$18,450	\$1,538
5	\$28,780	75%	\$21,585	\$1,799
6	\$32,960	75%	\$24,720	\$2,060
7	\$37,140	75%	\$27,855	\$2,321
8	\$41,320	75%	\$30,990	\$2,583

THE ABOVE TABLE LISTS THE MAXIMUM LEVEL OF INCOME ANY HOUSEHOLD CAN RECEIVE, BASED ON THE NUMBER OF RESIDENTS IN THAT HOUSEHOLD, TO MEET 2017 FEDERAL PROVERTY LEVEL GUIDELINES.

THE MAXIMUM LEVEL OF INCOME A HOUSEHOLD CAN RECEIVE TO QUALIFY FOR AN EXEMPTION FOR GARBAGE FEES, PER CODE OF ALABAMA, 1975, §22-27-3, IS 75% OF THE INCOME AS LISTED IN THE FEDERAL POVERTY GUIDELINES.

THIS TABLE LISTS THE **MAXIMUM** TOTAL GROSS YEARLY AND MONTHLY INCOME ALLOWED PER HOUSEHOLD, BASED ON THE NUMBER OF RESIDENTS, TO BE QUALIFIED FOR AN EXEMPTION FROM GARBAGE FEES UNDER THE GUIDELINES PER THE STATE OF ALABAMA.

PLEASE NOTE THAT THE FEDERAL POVERTY GUIDELINES ARE SUBJECT TO CHANGE WHICH MAY AFFECT YOUR ELIGIBILTY.