

Fee Exemption Application for Mandatory Garbage Service

Review runs between November 1st and December 31st of every calendar year

It is *strongly encouraged* to call prior to Hand Delivery and/or required assistance at the office-**256.463.2353**

Mailed to:

Environmental Office - Exemptions
PO Box 908
Heflin, AL 36264

(OR)

Hand Delivered to:

Environmental Office - Exemptions
302 Haley Road
Heflin, AL 36264

(PRINT) NAME: _____ PO BOX # (if applicable) _____
CITY _____

ADDRESS: _____

You **MUST** list the names and information for **ALL** persons living at the address listed above:

NAME	RELATIONSHIP	AGE	OCCUPATION	INCOME (Ann./Mthly.)

Please answer ALL questions below YES or NO

(Circle One)

I understand the following information I provide will be validated and if found to be fraudulent, I will be prosecuted. YES or NO

Did any name listed file a Federal Income Tax return last year? YES or NO

Does any name listed have a Savings or Retirement account (IRA) or certificate of deposit? YES or NO

Does any name listed receive income from rental property, child support, alimony or land rental? YES or NO

Does any name listed receive Retirement Income from past employment, V.A. Benefits, or Other? YES or NO

Exemptions are provided **ONLY** to individuals who are financially unable to pay their bills AND their **ONLY** source of income is Social Security benefits. The cost of providing the fee exempted service must be included and charged to all other paying garbage service customers. This is why this process goes to great lengths to ensure **ONLY QUALIFIED** households receive this exemption. I understand this process and still herby request the exemption under these stringent terms. YES or NO

I make this affidavit in aid of my application for an exemption for the payment of fees for Solid Waste disposal for the period of January 1st, 2022 Until December 31st, 2022. I understand that under the terms of the Code of Alabama 1975, Section 22-27-3 (a) (2) and (3):

The Exemption shall apply only as long as the household's source of income is Social Security and shall be required no later than the first billing cycle of the year in which the exemption is desired.

By signing this affidavit, I certify that neither I, nor anyone living in my home, is receiving or eligible to receive: (1) Any income from being employed in any capacity, or as a contractor, including part time employment or contract work; (2) Any income from any source whatsoever other than Social Security/SS Disability or SSI benefits; (3) Any unemployment compensation benefits, taxable disability benefits other than SSI payments; (4) Any income from trusts or investments of any kind, including but not limited to income from Savings accounts, certificates of deposit, rental income, stock bonds, mortgages, mutual funds, investment plans, or annuities; (5) Any alimony payments for my benefit or any member of my household.

I further certify I understand that: (1) I must apply for this exemption annually before December 31st of each year; (2) That this exemption shall not become effective until approved in writing by a duly authorized officer of the Cleburne County Environmental Office; (3) That I am executing this application under oath as an inducement to grant me an exemption and; (4) That I may be called upon to produce other proof of my eligibility or Continued eligibility for this exemption any time either before or after the execution of this application, and; (5) I still furnish proof of income by attaching a copy of Social Security statement(s) and copies of two (2) bank statements showing Social Security benefits deposited by direct deposit, or a letter from the Social Security Office verifying income.

I hereby certify and swear that the above information is true and correct. Furthermore, I understand that this information will be investigated to certify its accuracy and that I will be charged with a FELONY if I falsely complete a written instrument such as this, required by a public office, according to Alabama Criminal Code 13-A-9-3. The Cleburne County Environmental Office WILL PROSECUTE all individuals found to be providing false information regarding their qualification for this exemption.

PLEASE NOTE: DO NOT sign below unless in the presence of a NOTARY PUBLIC, as this application MUST be NOTARIZED.

Signed this _____ day of _____, 2021.

X _____
Signature of Applicant

****VALID Phone Number:** _____

Sworn to and subscribed before me on this _____ day of _____, 2021

NOTARY SIGNATURE Commission Expires: _____

-----OFFICE USE ONLY-----

Exemption Granted: **YES** or **NO** DATE: _____

Signature of Cleburne County Duly Authorized Officer: _____