



AFFIDAVIT AND APPLICATION FOR EXEMPTION FROM PAYMENT OF FEES FOR COLLECTION AND DISPOSAL OF SOLID WASTE UNDER THE PROVISIONS OF THE ALABAMA SOLID WASTE DISPOSAL ACT



STATE OF ALABAMA
COUNTY OF BALDWIN

Before me, the undersigned Notary Public, personally appeared, _____ who is known to me and who after first duly sworn deposes and says as follows:

- 1. My name is _____
2. I reside at _____
3. I make this affidavit in aid of my application for an exemption from the payment of fees for solid waste collections for the period of January 1, 20____ through December 31, 20 ____
4. I understand that under the terms of Code of Alabama 1975 § 22-27-3(a)(2) and (3): The Local Health Officer is authorized to accept exemption requests and proof of income from households seeking the exemption and to forward same to the solid waste officer or municipal governing body.
5. I certify that neither I nor any member of my household living in my home is receiving or eligible to receive:
a. Any income from being employed in any capacity, or as a contractor, including part time employment or contract work.
b. Any income from any source whatsoever other than Social Security or SSI benefits.
c. Any unemployment compensation benefits, taxable disability benefits (other than SSI payments), or retirement benefits (other than Social Security benefits), such as IRS or Keogh Plans, from any source whatsoever.
d. Any income from trusts or investments of any kind, including but no limited to income from savings accounts, certificates of deposit, rental income, stocks, bonds, mortgages, mutual funds, investment plans or annuities.
e. Any alimony payments for my benefits or the benefit of any member of my household.
6. I further certify that in filing this application for exemption, I understand that if it is later discovered that I or any person living in my home are receiving any income in excess of Social Security or SSI benefits, that I can be charged with violating the laws, rules and regulations relating to the disposal of solid waste in the City of Fairhope, Alabama and thereafter compelled to pay all fees which I would have otherwise been required to pay during the period of my exemption.
7. I further certify that I understand that:
a. I must apply for this exemption annually before December 31 each year,
b. This exemption shall not become effective until approved in writing by a duly authorized officer of the City of Fairhope,
c. This application is being executed by me under oath as an inducement to grant me an exemption, and
d. I may be called upon to produce other proof of my eligibility or continued eligibility for this exemption at any time, either before or after the execution of this application.

Signature of Applicant/Affiant

Printed Name of Applicant/Affiant

Address

Phone Number

City, State, Zip

Biling Utility Company

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20 _____.

Notary Public

My Commission Expires

Signature of Duly Authorized Officer Date

Exemption Granted: [] Yes [] No



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Income Questionnaire

This questionnaire is to verify that the income in your household is for exemption from service fees for the City of Fairhope. "Household" means all people who live in your residence. Please complete the form, answering all questions truthfully.

Names of all members of your household (including yourself)

Name	Relationship	DOB	Name/Date of Last Employer	In School?		Working?	
				Yes	No	Yes	No

(Add additional names if needed on separate sheet)

*****Required – The following questions are required to be answered regarding ALL household members 18 years or older*****

Does any member of the household receive any of the following benefits? Please answer A – H:

A. Social Security Administration (SSA or SSI) benefits Yes* No

*If YES, for which family member and how are the benefits paid?

Household Member Name	Circle the method for which the benefit is paid			
	Checking Account	Savings Account	Direct Express Debit Card	Paper Check

B. Wages, Salary, Tips, etc.? Yes No

C. Income from trusts, investments, shares? Yes No

D. Receive rent from tenants living in residence or from Rental Properties? Yes No

E. Unemployment compensation? Yes No

F. Alimony and/or child support payments? Yes No

G. Retirement check of any kind other than Social Security Benefits? Yes No

H. Any other type of income not listed above? Yes No

I, the undersigned, have completed this questionnaire truthfully and accurately, regarding my entire household income. I confirm that my entire household income is solely from Social Security Benefits or SSI Benefits, and that I/we have no other income.

Signature Date Printed Name

You are advised to be truthful about your household income. If it is discovered that a household income is concealed to get an exemption, the City of Fairhope could pursue legal action.