

# RUSSELL COUNTY SANITATION

## APPLICATION FOR SOCIAL SECURITY EXEMPTIONS FOR SOLID WASTE COLLECTION FEES

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address If Different from Above \_\_\_\_\_

Number in Household \_\_\_\_\_ Please List the name, date of birth and social security number of each Household member: (Use additional paper if necessary)

Name : \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name : \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name : \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name : \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Please state the combined gross monthly income of the household \$ \_\_\_\_\_

Social Security or SSI Amount \_\_\_\_\_ House member receiving \_\_\_\_\_

Veteran's Benefits Amount \_\_\_\_\_ House member receiving \_\_\_\_\_

Retirement/Annuities Amount \_\_\_\_\_ House member receiving \_\_\_\_\_

Food Stamps Amount \_\_\_\_\_ House member receiving \_\_\_\_\_

If other, please identify the source and amount \_\_\_\_\_

**To obtain an exemption from the Solid Waste Collection Fee on grounds that the household's SOLE source of income is Social Security, you must provide proof of the household's income.**

Please provide copies of ***both*** of the following which are applicable no later than January 31<sup>st</sup>

COPY OF YOUR CURRENT SOCIAL SECURITY STATEMENT.

COPY OF YOUR CURRENT BANK STATEMENT.

PROOF OF DIRECT EXPRESS OR ANY OTHER CARD, IF BENEFIT RECEIVED ON CARD.

COPY OF CHECK IF YOU RECEIVE YOUR BENEFIT BY MAIL.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I give permission for **Russell County Sanitation** to investigate any of the above information. I also understand that my household is only entitled to such an exemption if **social security** is the **SOLE** source of income in the household and that I am required by law to provide this information to Russell County Sanitation **each year** that my household seeks exemption.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

**P.O. BOX 1127 PHENIX CITY, AL 36869-1127 -PHONE: (334) 291-3232 FAX: (334) 291-3242**