

Administrative Offices
9184 State Route 43
Streetsboro, OH 44241

City of Streetsboro

Streetsboro Fee-Paid Rubbish Application

Application Deadline is April 30, 2010

(330) 626-4942
Fax:(330) 626-3661



FOR OFFICE USE ONLY Received By: X _____

Please Carefully Read Instructions and New Income Guidelines on Page 2 Prior to Applying

PLEASE PRINT (This form must be filled out completely)

TODAY'S DATE _____

Name: _____

Your Resident Address: _____

Home phone: _____ Work: _____ Cell: _____

- Are you a **NEW** subscriber to the Fee Paid Program? **YES** or **NO**
- Have you been a **PAID subscriber** for at least one year prior to the date on this application? **YES** or **NO**
- Is your account **current** through the second quarter of 2009? **YES** or **NO**
- Have you attached proof of your income for 2009? **YES** or **NO**

INCOME SOURCE (Check the Income Source(s) for Your Household) DOCUMENTATION MUST BE PROVIDED!

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> VA Pension | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Self Employment | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Active Military Pay |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> SSDI | <input type="checkbox"/> No Income (Explain how you pay bills on a separate sheet.) |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Disability Assistance | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Interest | <input type="checkbox"/> VA Disability | |

If you were not required to file a Federal Income Tax Return, please indicate by signing below:

Under penalty of perjury, I was not required to file a Federal Income Tax Return for the tax year 2009

Applicant Signature: _____

Knowingly submitting a false application will require you to reimburse the City for any fees paid on your behalf under this program, and may be subject to prosecution for perjury under R.C. 2921.11. By signing this application below, I affirm/swear that the statements in this application are true and accurate to the best of my knowledge.

Applicant Signature

Date _____, 2010

Approved By

Date _____, 2010

This chart represents 100% of the 2009 Federal Poverty Level

<i>SIZE OF HOUSEHOLD</i>	<i>TOTAL GROSS ANNUAL HOUSEHOLD INCOME</i>
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
<i>For each additional person, add</i>	<i>\$3,740</i>

PROGRAM SPECIFICS:

- Household income **must not** exceed program guidelines (see chart above)
- If you are a **New Participant** in Fee Paid Program, you **must** have been a **paid** subscriber of the rubbish service in this city for (1) year prior to the date of this application
- Your account must be current, otherwise your application will be rejected
- The program is not continuous; Participants must apply every year

PROGRAM BENEFITS:

- This program will pay for a standard (2 can limit) trash pick-ups
- Additional cans, bags, and/or bulk charges incurred will be the responsibility of the subscriber, **and** will be billed quarterly by the rubbish contractor

INSTRUCTIONS - PLEASE READ CAREFULLY

You **must provide proof of residency for the address receiving service.** Examples of proof are: copy of a utility bill, phone bill, or copy of lease.

You **must reside in the household that is receiving the service.**

You **must provide proof** of income for **everyone** living in your household. Examples of documents are: copy of front page of your 2009 Federal Income Tax Return, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, and Unemployment Compensation.

If you are missing documentation for any income source or you list "0" income, you **must** submit a written, signed statement of explanation as to how you are maintaining your household.

If anyone in your household is disabled, you **must submit proof of disability.** You do not need to disclose the nature of the disability. Proof includes a doctor's statement, benefits letters for Supplemental Security Income, Social Security Disability, Workers' Compensation, etc.

Failure to provide the required documents will delay the processing of your application.

Please send copies, as originals will not be returned.