

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

STATE OF ALABAMA)
COUNTY OF _____)

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

1. My name is _____.

2. I reside at _____.

3. I make this affidavit in aid of my application for exemption from the payment of fees for solid waste disposal for the period of _____ through _____.

4. I understand that under the terms of Code of Ala. 1975, 22-27-3 (a) (2) and (3):

The Local Health Officer is authorized to accept exemption requests and proofs of income from households seeking the exemption and to forward same to the solid waste officer or municipal governing body. The applicants shall verify income through a notarized and sworn statement and attach the previous year's Federal Tax Form 1040 or equivalent. The exemption shall apply only so long as the household's sole source of income is social security and shall be requested no later than the first billing date of any year in which the exemption is desired. Such exemption may only be granted in those counties and municipalities which have adopted a full coverage collection program in accordance with the Code of Alabama, 1975, Section 22-27-3- (a) (2) and (3).

5. I certify that neither I nor any member of my household 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 of contract work.

(2) Any income from any source whatsoever other than Social Security or SSI Benefits.

(3) Any unemployment compensation benefits, taxable disability benefits (other than SSI payments), or retirement benefits (other than Social Security benefits), such as IRS or Keough Plans, from any source whatsoever.

(4) Any income from trusts or investments of any kind, including but not limited to income from savings accounts, certificates of deposit, rental income, stocks, bonds, mortgages, mutual funds, investments plans, or annuities.

(5) Any alimony payments for my benefits or the benefit of any member of my household.

I further certify that in filing this application for exemption I understand that if it is later discovered that I or any member of my household 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 regulation relating to the disposal of solid waste in Jefferson County, Alabama, and thereafter compelled to pay all fees which I would have otherwise been required to pay during the period of my exemption.

I further certify that I understand that (1) I must apply for this exemption annually before January 1 each year, (2) that this exemption shall not become effective until approved in writing by a duly authorized officer of the City of Midfield (3) that this application is being executed by me 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 at any time either before or after the execution of this application.

Signed this the _____ day of _____, 20__.

Signature of Applicant

Print Name

Address

Sworn to and subscribed before me on this the ___ day of _____, 20__.

Notary Public

My commission expires _____

Witness

Witness

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Exemption Granted: _____ Yes _____ No Date _____

Signature of Duly Authorized Officer