

TRANSFER STATION STICKER FEE WAIVER APPLICATION

Name: _____ Date: _____

Address: _____

Phone 1: _____ Phone 2: _____

Email: _____

1. RESIDENCY VERIFICATION

Documentation provided: (attach a copy of each document to this form)

Copy of mortgage or lease documentation is attached: **AND** Copy of utility bill or work order is attached:
(Choose one) (Choose one)

2. INCOME VERIFICATION

Automatic Income Eligibility: If you currently participate in any of the following programs, please check one:

SNAP benefits

Medicaid

Fuel Assistance

SSDI/SSI

TANF (formerly AFDC)

Copy of documentation providing current participation in the above program is attached

Income-based Eligibility: Please complete at least one of the gross income rates below:

Annual Income:

Monthly Income:

Weekly Income:

Copy of most recent tax return is attached (*required*)

By signing below, I certify that all of my information in this document is true and correct to the best of my knowledge. I understand that once the fee waiver is approved, the DPW will be notified to release the Transfer Station Sticker.

Signature

Date

INTERNAL USE ONLY:

Approval Date _____

Fiscal Year _____