# CITY OF MEMPHIS GUIDELINES FOR SOLID WASTE FEE DISCOUNT PROGRAM

To qualify for a solid waste fee discount, applicants must meet either of the following eligibility requirements (A or B):

#### Requirement A

- Must be 65 years of age or older
- Head of household
- Active utility account in the applicant's name
- Combined household income of \$25,000 per year or less

OR

### **Requirement B**

- Must be certified medically as being totally (100%) disabled
- Head of household
- Active utility account in the applicant's name
- Combined household income of \$25,000 per year or less

#### APPLICATION GUIDELINES

- 1. Applicants must complete and return a Solid Waste Fee Discount Application provided by City of Memphis Solid Waste Management, following these guidelines. (see application other side)
- 2. Residents serviced by City of Memphis Solid Waste Management may request a Solid Waste Fee Discount Application by calling the City of Memphis Solid Waste Fee Department at 576-6851 ext.3 (8:30 a.m. 5:00 p.m. Monday through Friday) or by downloading the application from the Solid Waste Management web site at www.memphiswaste.org
- 3. The following required documentation must be submitted with the application:
  - a. If applying under eligibility **Requirement A** (above), proof of age must be provided. (examples: copy of birth certificate, drivers license, Medicare card)
  - b. If applying under eligibility **Requirement B** (above), proof of total (100%) disability must be provided. (example: medical documentation signed by an attending physician within the last twelve months)
  - c. All applicants must submit proof of combined **household** income of \$25,000 or less per year.
    - Annual income must include all (gross) wages, pensions, social security, interests, dividends, etc.
    - Household income is defined as being the combined (gross) income total for <u>all</u> individuals residing at the applicant's address. If one or more individuals, other than the applicant, reside at the applicant's address and generate income, proof of that income must be submitted with the application. (examples of proof: copy(s) of the most recent year's Federal Income Tax documents **or** copy(s) of applicant's most recent *Social Security Statement*)
  - d. All applicants must submit a copy of the most recent utility bill in the applicant's name.
- 4. The Application must be notarized.
- 5. The City of Memphis reserves the right to reject any application which fails to meet said application requirements.
- 6. POWER OF ATTORNEY: Applicants unable to complete the application process may utilize legal assistance. In such cases, power of attorney documentation must be submitted with the application.
- 7. NOTICE OF APPROVAL OR REJECTION: The City of Memphis will notify the applicant of approval or rejection, within 45 days of receipt of application by the City. Applicants are instructed not to call the Solid Waste Fee Department requesting status information during this time.
- 8. The Solid Waste Fee Discount expires annually on June 30<sup>th</sup>. Approved applicants will receive renewal forms in advance of the June 30<sup>th</sup> expiration, to complete and return.
- 9. PRIVACY: Information provided by the applicant will be used for the purpose of determining eligibility for this program only and will not be used for any other purpose. Also, applicants are allowed to mark through or void Social Security numbers on any documents provided.

(OVER)

## CITY OF MEMPHIS SOLID WASTE FEE DISCOUNT APPLICATION

(Please read the eligibility guidelines on opposite side before completing application)

				APP	LICATION	1		
Applicant's Name: (Please print)								
2. \$	2. Street Address:					Zip Code:		
3.	3. Telephone:							
4. Provide a copy of the most recent MLGW utility bill. (Must be in applicant's name).								
5. Provide a copy of applicant's birth certificate or driver's license or Medicare Card.								
6. How many people live at the applicant's address?								
• List the names and annual income(s) of each person below:								
Names (Print)					Date of Birth *Gross Annual			
		First	Mide		Last		(mo/day/yr)	Income
laaA)	icant)							\$
								\$
(Other)								\$
(Othe								\$
(Othe	•			Total C	ambinad	Haysahal	d Income	
(If mo	ore than	four people, list on a separat	e sheet)	Total C	ombinea	Househo	a income	\$
<ul> <li>8. Is applicant certified medically as being totally (100%) disabled?  Circle one: YES NO Does not apply  (Definition: Totally (100%) disabled means being unable to engage in any substancial gainfull activitity because of a physical or mental condition and a physician has determined the condition has lasted, or is expected to last, at least one or more years, or can lead to death)</li> <li>9. If the answer to question 8 is YES, provide documentation signed by the physician.</li> <li>10. I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws.</li> </ul>								
,	APPLICANT SIGNATURE:							
11.	App	lication must be n	otarized	here:				
	In the	county of Shelby, swo	rn and cub	caribad ba	oforo			
		the day of .						
		y:					(Notary Se	al Here)
	INOtal	у					(Notary Oc	ai ricic)
12.	Retu	rn application to:	City of	Memphi	S	1		
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			Memph	•				
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