

AFFIDAVIT AND APPLICATION FOR EXEMPTION FROM
PAYMENT OF FEES FOR COLLECTION AND DISPOSAL OF
SOLID WASTE UNDER THE PROVISIONS 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 follows:

1. My name is _____.
2. I reside at _____.
3. I make this affidavit in aid of my application for an exemption from the payment of fees for solid waste disposal for the period of _____, 20____ through _____, 20_____.

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 exemptions 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 or 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 Keogh 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, investment 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 regulations relating to the disposal of solid waste in _____ 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 _____ (insert county billing date) each year, (2) that this exemption shall not become effective until approved in writing by a duly authorized officer of the _____ County Solid Waste Disposal Authority, (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/AFFIANT

PRINT NAME

ADDRESS: _____

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

My commission expires: _____

NOTARY PUBLIC

EXEMPTION GRANTED: ___ YES ___ NO DATE: _____

SIGNATURE OF DULY AUTHORIZED OFFICER