

CITY OF JACKSONVILLE

APPLICATION FOR EXEMPTION FROM GARBAGE FEES

I hereby apply for an exemption from the payment of the garbage fee. I understand that, if granted, my exemption will remain valid until the annual renewal month of March or until my financial conditions improve to the extent that I would not be entitled to this exemption. If this occurs, I will notify the City Clerk's Office immediately.

I am applying for the garbage exemption based on:
(Please check only one)

- Social Security income only
- Social Security and VA income combined

Name: _____ Phone: _____

Address: _____

I am the homeowner tenant of this property.

This is a first time application renewal application.

OATH AND PERMISSION TO INVESTIGATE: I, the undersigned, do hereby certify that all information provided on this application is correct and accurate to the best of my ability. I also hereby grant permission to agents of the City of Jacksonville to investigate any or all of the information that I have provided. I realize and understand that if I have knowingly provided false or misleading information on this application that it will be disapproved and I may be subject to legal action.

Applicant

**NOTICE TO BENEFIT APPLICANTS REGARDING
IMMIGRATION LAW COMPLIANCE**

The law known as the *Beason-Hammon Alabama Taxpayer and Citizen Protection Act*, Act 2011-535 (H. B. 56), (hereinafter referred to as the "Act"), which is now codified in Alabama Code sections 31-13-1 to 31-13-30 as well as section 32-6-9, imposes certain requirements on municipalities in the state including the obligation to see to it that individuals that receive a local public benefit, as defined by the Act, from a municipality are U.S. citizens or are aliens lawfully present in the U.S.

Therefore, in order to comply with the Act, the City of Jacksonville must obtain from each individual, including an individual who is a sole proprietor or partner in a partnership, a declaration, either of citizenship or lawful presence, as appropriate. The following declaration must be completed by the applicant for any public benefit from the City of Jacksonville.

**DECLARATION OF CITIZENSHIP
OR LAWFUL STATUS**

Under penalty of perjury, I, _____ (print name), the undersigned, do hereby declare that I am a United States Citizen or that I am a lawfully present alien of the United States of America.

(declarant's signature)

_____/_____/_____
(date)

All individuals living in my household at the present time are listed below with their Social Security numbers, sources and amounts of **monthly** income.

Provide information on all income you receive	Yourself		Other Household Members	
	Name:	Name:	Name:	Name:
	SS#	SS#	SS#	SS#
Income Source	Monthly Amount			
Social Security	\$	\$	\$	\$
SSI or Disability				
Veterans' Benefits				
Salary / Wages				
Retirement or Pension Plan				
Child Support				
Alimony				
Aid to Dependent Children (ADC)				
Rental Income				
Dividends received				
Interest Income				
Contributions from family or others				
Other miscellaneous income				

Attach 1 or more of the following:

- a copy of your monthly benefits check or Social Security Statement of Benefits for 2016.
- a copy of your previous year's federal and state income tax return, if you were required to file.
- a copy of the most recent bank statement(s) for all accounts you have.

(To be signed by each person and his/her guardian receiving said Social Security or VA benefits.)

I understand that I may be required at any time to produce evidence of the income of my household in order to maintain my exemption and that any intentional misrepresentation made by me in this application is punishable by City Ordinance as a misdemeanor.

Print Name Date

Witness Signature

Signature Date