

Administrative Offices
9184 State Route 43
Streetsboro, OH 44241

City of Streetsboro

Streetsboro Fee-Paid Rubbish/Recycling

(330) 626-4942
Fax:(330) 626-3661

Application

Application Deadline is April 26, 2019



Please Carefully Read Instructions and New Income Guidelines on Page 2 Prior to Applying

PLEASE PRINT (This form must be filled out completely)

TODAY'S DATE _____

Name: _____

Your Residence Address: _____

Home phone: _____ Work: _____ Cell: _____

- Are you a **NEW** subscriber to the Fee-Paid Rubbish/Recycling Program? YES or NO
- Have you been a **PAID subscriber** for at least one year prior to the date on this application? YES or NO
- Do you have an outstanding balance on your account? YES or NO
- Have you attached proof of your income for 2018? YES or NO
- Have you attached proof of your residency? YES or NO

INCOME SOURCE (Check the Income Source(s) for Your Household) DOCUMENTATION MUST BE PROVIDED!

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> VA Pension | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Self Employment | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Active Military Pay |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> SSDI | <input type="checkbox"/> No Income (Explain how you pay bills on a separate sheet.) |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Disability Assistance | <input type="checkbox"/> Other (explain) |
| <input type="checkbox"/> Interest | <input type="checkbox"/> VA Disability | |

If you were not required to file a Federal Income Tax Return, please indicate by signing below:

Under penalty of falsification, I was not required to file a Federal Income Tax Return for the tax year 2018

Applicant Signature: _____

Knowingly submitting a false application will require you to reimburse the City for any fees paid on your behalf under this program, and may be subject to prosecution for falsification under R.C. 2921.13. By signing this application below, I affirm/swear that the statements in this application are true and accurate to the best of my knowledge.

Applicant Signature

Date _____, 2019

Approved By

Date _____, 2019

<u>2019 Income Guidelines for Fee-Paid Rubbish/Recycling Program</u>	
Health and Human Services Guidelines	
Person in Family or Households	150%
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,652
5	\$45,255
6	\$51,885
7	\$58,515
8	\$64,145
*Families with more than 8 persons (add \$6,630 per person)	

PROGRAM SPECIFICS:

- Household adjusted gross income **must not** exceed 150% of the poverty guidelines(see chart above)
- If you are a **New Participant** in the Fee-Paid Rubbish/Recycling program, you **must** have been a **paid** subscriber of the rubbish service in Streetsboro for (1) year prior to the date of this application
- Your rubbish/recycling account **must** be current, otherwise your application will be rejected
- The program is not continuous; participants must apply every year

PROGRAM BENEFITS:

- This program will pay for a standard trash/recycling pick-up
- Additional cans, bags, and/or bulk charges incurred will be the responsibility of the subscriber, and will be billed quarterly by the rubbish/recycling contractor

INSTRUCTIONS - PLEASE READ CAREFULLY

You **must** provide proof of residency for the address receiving service. Examples of proof are: copy of a utility bill, phone bill, or copy of lease.

You **must** reside in the household that is receiving the service.

You **must provide proof** of income for **everyone** living in your household. Examples of documents are: copy of front page of your 2019 Federal Income Tax Return, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, and Unemployment Compensation.

If you are missing documentation for any income source or you list "0" income, you **must** submit a written, signed statement of explanation as to how you are maintaining your household.

If anyone in your household is disabled, you **must submit proof of disability**. You do not need to disclose the nature of the disability. Proof includes a doctor's statement, benefits letters for Supplemental Security Income, Social Security Disability, Workers' Compensation, etc.

Failure to provide the required documents will delay the processing of your application. Please send copies, as originals will not be returned. No applications will be accepted after the April 26, 2019 deadline. Applications found to be incomplete will need to be completed by April 26, 2019. Applications that remain incomplete after the April 26, 2019 deadline will be denied.

