

# City of Streetsboro

The Mayor's Office  
9184 State Route 43  
Streetsboro, OH 44241

(330) 626-4942  
Fax:(330) 626-6087



**Re: Streetsboro Fee-Paid Rubbish Application 2016 – Deadline April 22, 2016**

Dear Streetsboro Residents:

The deadline is fast approaching to apply for the Fee-Paid Rubbish program administered by the City. Completed applications must be received by 4:00pm ***Friday, April 22, 2016***. To alleviate any frustrations with the process, important information regarding the application follows.

## 1. Yearly Application

- a. Residents who qualified and were accepted into the program during previous year(s) must submit a new and updated application containing all the required materials as if the resident was applying for the fee-paid rubbish program for the first time. In other words, the program is not continuous- you must reapply every year.

## 2. Proof of Income

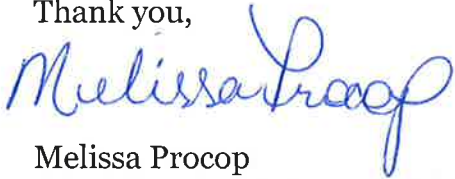
- a. You must provide evidence of the income earned in the past year for everyone in your household. Documents satisfying this requirement include: a copy of your Federal Income Tax Return, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, or unemployment compensation.
- b. In the event you either earned no income or cannot locate the appropriate income documentation, you must submit a signed statement explaining how you maintain your household with financial figures (In other words, how you financially supported your household in the past year).
- c. Furthermore, your level of income earned in the prior year must not exceed 150% of the 2015 Federal Poverty Level Guidelines (See chart enclosed with the paper application).

3. **Proof of Residency**

- a. You must submit proof of residency within the City of Streetsboro. Documents attesting to this include: utility bills, phone bills, or a copy of your signed lease.
- b. The document submitted to evidence residency must reference your name in connection with the property for which the fee-paid rubbish is sought.
- c. Furthermore, you must reside in the household that is seeking the fee-paid rubbish.

Please do not hesitate to contact me if you have any questions with either the application itself or any of the aforementioned information. Specifically, please contact me if you have any questions as to the validity of any of the documentation you wish to submit in support of your application. Thank you for your time.

Thank you,



Melissa Procop  
Administrative Assistant to the Mayor  
City of Streetsboro

Administrative Offices  
9184 State Route 43  
Streetsboro, OH 44241

# City of Streetsboro

## Streetsboro Fee-Paid Rubbish Application

Application Deadline is April 22, 2016

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



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 Resident Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

- Are you a **NEW** subscriber to the Fee Paid 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 2015? 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 perjury, I was not required to file a Federal Income Tax Return for the tax year 2015**

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 perjury under R.C. 2921.11. 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 \_\_\_\_\_, 2016

\_\_\_\_\_  
Approved By

Date \_\_\_\_\_, 2016

**Department of Health and Human Resources**  
**2015 Poverty Guidelines**

Person in Family or Households	150% of Poverty
1	\$17,655
2	\$23,895
3	\$30,135
4	\$36,375
5	\$42,615
6	\$48,855
7	\$55,095
8	\$61,335
<b>*Families with more than 8 persons</b>	<b>(add \$6,240 per person)</b>

**PROGRAM SPECIFICS:**

- Household income **must not** exceed 150% of the poverty guidelines(see chart above)
- If you are a **New Participant** in the fee-paid 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 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 (2- can limit) trash 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 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 2015 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 22, 2016 deadline. Applications found to be incomplete will need to be completed by April 22, 2016. Applications that remain incomplete after the April 22, 2016 deadline will be denied.