

Administrative Offices
9184 State Route 43
Streetsboro, OH 44241

City of Streetsboro

Streetsboro Fee-Paid Rubbish Application

Application Deadline is April 27, 2012

FOR OFFICE USE ONLY
Received By:
X _____

(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
- Is your account **current** through the second quarter of 2011? YES or NO
- Have you attached proof of your income for 2011? YES or NO
- How many people reside in your home ? _____

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 2011

Signed: _____
Applicant

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 _____, 2012

Approved By

Date _____, 2012