

**2025 WASHINGTON COUNTY SOLID WASTE
EXEMPTION AFFIDAVIT AND APPLICATION**

My full name is _____.

I reside at _____.

I make this affidavit in aid of my application for an exemption from the payment of fees for solid waste collection for the period of January 1, 2025, through December 31, 2025.

I understand that under the terms of Code of Alabama 1975, § 22-27-3(a)(2) and (3):

The local health officer is authorized to accept exemption requests and proof of income from households seeking the exemption and forward same to the solid waste officer or municipal governing body. The applicants shall verify income through this notarized and sworn statement and attach supporting documentation. 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 each year in which the exemption is desired.

I certify that neither I nor any person living in my home is receiving or eligible to receive:

- a. Any income from being employed in any capacity, or as a contractor, including part-time employment or contract work.
- b. Any income from any source whatsoever other than Social Security or SSI benefits.
- c. 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.
- d. 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.
- e. 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 persons 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 Washington 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:

- a. I must apply for this exemption annually before November 30th of each year,
- b. That this exemption shall not become effective until approved in writing by a duly authorized officer of the Washington County Solid Waste Disposal Authority,
- c. That this application is being executed by me under oath as an inducement to grant me an exemption, and
- d. That I may be called upon to produce other proof of my eligibility or continued eligibility for this exemption and any time either before or after the execution of this application.
- e. That I have an active residential solid waste account in Washington County in my name.

Signature of Applicant

Printed Name of Applicant

Mailing Address: _____

Phone Number: _____

STATE OF _____
COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, 2024.

Notary Public: _____

My Commission Expires: _____

.....
Acct #: _____ Additional Info. Requested _____ Exemption Granted: YES _____ NO _____

Signature of Duly Authorized Agent: _____ Date: _____

WASHINGTON COUNTY SOLID WASTE DISPOSAL AUTHORITY

QUESTIONNAIRE ON HOUSEHOLD INCOME

This questionnaire is to determine all sources of income in your household for the purposes of determining if your household qualifies for the Solid Waste Exemption program. Household income means income from all people that currently live in your residence. Please complete this form and answer all questions truthfully.

HEAD OF HOUSEHOLD

Name	Address	City	Zip
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1. _____

DOB	Social Security Number	Primary Phone Number	Secondary Phone Number
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OTHER MEMBERS OF YOUR HOUSEHOLD

Name	Relationship	Age	DOB
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

The following questions relate to all members of your household and not just the head of household.

Does any member of your household receive:

Circle One

- | | | |
|--|-----|----|
| 1. Social Security Benefits | YES | NO |
| 2. SSI Disability | YES | NO |
| 3. Wages, salary, tips, etc. | YES | NO |
| 4. Income from trusts, investments or shares | YES | NO |
| 5. Rental income | YES | NO |
| 6. Unemployment compensation | YES | NO |
| 7. Alimony | YES | NO |
| 8. Retirement/Pension | YES | NO |
| 9. Any other form of income | YES | NO |

I, the undersigned, have completed this questionnaire truthfully and accurately regarding my household income. I affirm that the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____