



COURTHOUSE ANNEX

# FRANKLIN COUNTY SOLID WASTE



P.O. Box 1205  
RUSSELLVILLE, ALABAMA 35653

PHONE (256) 332-8412  
FAX (256) 332-8855



Dear Solid Waste Customer,

It is time to apply for or renew your Social Security Exemption application. Please read carefully and use the following list as a guide before submitting your paperwork.

- Complete the front side of the application. If needed have a family member or neighbor assist you with the paperwork. It is very important that this be completed ahead of time.
- You must bring 3 consecutive complete bank statements showing your check is direct deposited, and any other financial statements that you have such as CD's, retirement funds ,IRA's, 401k's, rental income, alimony, child support, etc. If you do not have your checks direct deposited, please provide verification of each check that you received during the months. If you receive check(s) by mail. Please wait until you get verification of the check(s) before coming to the office.
- You must have an entitlement letter from the Social Security Office (800-772-1213) for everyone in your household that draws.
- If you have filed Income Tax Papers, you bring in the most recent papers filed.
- Please read and fully understand the Affidavit before coming in. You will be required to sign it before a Public Notary. If mailing your paperwork, you must have the Affidavit notarized.
- As stated in the affidavit above that you will sign; you can only qualify for this exemption IF your **ONLY** source of income is Social Security or Disability. These are the **State** guidelines, please be sure to read it fully and carefully.
- Please bring paperwork **AFTER** the 15<sup>th</sup> of each month. Due to high traffic volume of customers during the 1<sup>st</sup> through the 15<sup>th</sup>. This is to keep your personal information private; we don't want others to know your financial information.
- Note- This exemption will not apply to past due balances. Paperwork must be filed annually to be exempt and will not be back dated.
- Only completed applications will be processed – no exceptions. It is your responsibility to have your form completed before submitting it to our office. If paperwork is incomplete, you will receive a bill the following January, and will not be able to apply again until the next October. Therefore you will be responsible to pay the bill until you are able to re-apply.
- No applications will be accepted after December 31; this will be your only notice.

Sincerely,

**Franklin County Solid Waste**  
(256) 332-8412

**SOCIAL SECURITY / SSI EXEMPTION FORM**

Name of Applicant \_\_\_\_\_ Account No. \_\_\_\_\_

Name on Electric Bill \_\_\_\_\_ Phone No. \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home: Own \_\_\_\_\_ Rent \_\_\_\_\_ Buying \_\_\_\_\_

**LIST INFORMATION FOR ALL PEOPLE LIVING AT RESIDENCE**

Name	Age	Relationship	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIST EXACT AMMOUNT OF INCOME FOR ALL PEOPLE LISTED ABOVE**

Wages and/or Self-Employment Earnings \_\_\_\_\_ Social Security \_\_\_\_\_

Disability \_\_\_\_\_ Interest (savings, cd's, etc.) \_\_\_\_\_ VA \_\_\_\_\_

Retirement/ Annuity \_\_\_\_\_ Investments, Rentals, or Other Income \_\_\_\_\_

CRP Land \_\_\_\_\_ ADC (Aide to Dependent Children) \_\_\_\_\_

Child Support \_\_\_\_\_ Any other source of income not listed above \_\_\_\_\_

**SUPPORTING MATERIAL (please bring to office or mail if applicable)**

- \_\_\_\_\_ Copy of Entitlement Letter or Yearly Income Statement Letter
- \_\_\_\_\_ Last 3 Consecutive Bank Statements (if you have an account)
- \_\_\_\_\_ Copy of last year's State & Federal Tax Returns (if you had to file)
- \_\_\_\_\_ Notarized Affidavit (**ON BACK OF PAGE**-we can do this for you if you come by our office, please bring I.D.)

I hereby certify that the above information is true and correct to the best of my knowledge and I give my permission for the Franklin County Solid Waste Department or it's designee to investigate any of the above information. **APPLICATION MUST BE COMPLETELY FILLED OUT AND ACCOMPANIED BY ALL SUPPORTING MATERIALS OR IT WILL NOT BE PROCESSED. NO ACCEPTIONS!!**

NOTE: IT IS A CLASS "A" MISDEMEANOR TO FALSELY COMPLETE A WRITTEN INSTRUMENT REQUIRED BY A PUBLIC OFFICE ACCORDING TO ALABAMA CRIMINAL CODE SECTION 13-A-10-12

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

AFFIDAVIT AND APPLICATION FOR EXEMPTION FROM  
PAYMENT OF FEES FOR COLLECTION AND DISPOSAL OF  
SOLID WASTE UNDER THE PROVISIONS OF  
THE ALABAMA SOLID WASTE DISPOSAL ACT

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_

Before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, who is known to me and who after first duly sworn deposes and says as follows:

1. My name is \_\_\_\_\_.
2. I reside at \_\_\_\_\_.
3. I make this affidavit in aid of my application for an exemption from the payment of fees for solid waste disposal for the period of \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_.
4. I understand that under the terms of Code of Ala. 1975, § 22-27-3(a) (2) and (3): The Local Health Officer is authorized to accept exemption requests and proofs of income from households seeking the exemption and to forward same to the solid waste officer or municipal governing body. The applicants shall verify income through a notarized and sworn statement and attach the previous years Federal Tax Form 1040 or equivalent. 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 any year in which the exemption is desired. Such exemption may only be granted in those counties and municipalities which have adopted a full coverage collection program in accordance with the Code of Alabama, 1975, Section 22-27-3(a) (2) and (3).
5. I certify that neither I nor any member of my household living in my home is receiving or eligible to receive:
  - (1) Any income from being employed in any capacity, or as a contractor, including part time employment or contract work.
  - (2) Any income from any source whatsoever other than Social Security or SSI benefits.
  - (3) 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.
  - (4) 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.
  - (5) 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 member of my household 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 \_\_\_\_\_ 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 (1) I must apply for this exemption annually before (insert county billing date) each year, (2) that this exemption shall not become effective until approved in writing by a duly authorized officer of the \_\_\_\_\_ County Solid Waste Disposal Authority, (3) that this application is being executed by me under oath as an inducement to grant me an exemption, and (4) that I may be called upon to produce other proof of my eligibility or continued eligibility for this exemption at any time either before or after the execution of this application.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AFFIANT

\_\_\_\_\_  
PRINT NAME

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

\*\*\*\*\*  
EXEMPTION GRANTED: \_\_\_ YES \_\_\_ NO

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DULY AUTHORIZED OFFICER