AUTAUGA COUNTY MANDATORY SOLID WASTE COLLECTION PROGRAM

QUESTIONNAIRE ON INCOME TO REQUEST AN EXEMPTION

This questionnaire is to verify that the income in your household is from Social Security Benefits or SSI disability payments <u>only</u>, and not from any other source. "Household" means all people who live in your residence. Please complete the form, answer all questions truthfully, and mail it to Autauga County Health Department, along with your proof of income and the notarized affidavit.

Caution: False or invalid applications for Exemption, if discovered, could lead to repayment of all garbage

_	ME ADDRESS		CITY	ZIP	PHONE
1	OTHER MEMBERS OF YOUR HOUSEHOLD (if any)				
	AME RELATIONSHIP	Α		ООВ	IN SCHOOL?
2					
3					
4					
5					
	The following questions should be ans				
Does	s any member of the household receive	Check	_ 	or or your nous	If yes, Check one or more
Docs	Social Security Benefits?	YES	NO		indicate name(s) from abov 1 2 3 4 5 6
	SSI disability payments?	YES	NO		1 2 3 4 5 6
Any	of the following types of income will disq	ualify for an	Exemptio	n. *	
	Wages, salary, tips, etc?	YES	NO		1 2 3 4 5 6
	Income from trusts, investments, shares?	YES	NO		1 2 3 4 5 6
	Rent from tenants?	YES	NO		1 2 3 4 5 6
	Unemployment compensation?	YES	NO		1 2 3 4 5 6
	Alimony payments?	YES	NO		1 2 3 4 5 6
	Retirement check of any kind?	YES	NO		1 2 3 4 5 6
	Other type of income?	YES	NO		1 2 3 4 5 6
	other type of meeting.				
I,	-	uestionnaire	truthfully	and accurately	with regard to our
usehol	the undersigned, have completed this que dincome. I affirm that our household payments), and that we have no other income.	income is so	-	-	_
useholo sability	the undersigned, have completed this que dincome. I affirm that our household	income is so ome.	-	Social Secur	_

Mail questionnaire to: Environmental Health, Autauga County Health Department FORM SWI 1B/07 219 N Court St, Prattville, AL 36067.