

**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 **only**, 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 fees paid by the County; a ban on future exemption requests; and/or other legal action by the County Commission, if deemed appropriate.

	NAME	ADDRESS	CITY	ZIP	PHONE
1.	_____	_____	_____	_____	_____
	<b>OTHER MEMBERS OF YOUR HOUSEHOLD (if any)</b>				
	NAME	RELATIONSHIP	AGE	DOB	IN SCHOOL?
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

(Add additional names, if needed)

The following questions should be answered for every member of your household:

	Check one		If yes, Check one or more to indicate name(s) from above
Does any member of the household receive			
A. Social Security Benefits?	YES	NO	1 2 3 4 5 6
B. SSI disability payments?	YES	NO	1 2 3 4 5 6

*Any of the following types of income will disqualify for an Exemption. \**

C. Wages, salary, tips, etc?	YES	NO	1 2 3 4 5 6
D. Income from trusts, investments, shares?	YES	NO	1 2 3 4 5 6
E. Rent from tenants?	YES	NO	1 2 3 4 5 6
F. Unemployment compensation?	YES	NO	1 2 3 4 5 6
G. Alimony payments?	YES	NO	1 2 3 4 5 6
H. Retirement check of any kind?	YES	NO	1 2 3 4 5 6
I. Other type of income?	YES	NO	1 2 3 4 5 6

I, the undersigned, have completed this questionnaire truthfully and accurately with regard to our household income. I affirm that our household income is **solely** from Social Security Benefits (or SSI disability payments), and that we have **no** other income.

SIGNED: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_

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

**\*If you have any other income besides A & B, above, do not complete this form.**

RENEWAL YEAR **2019** Affidavit and Application for Exemption From  
 Payment of Fees for Collection and Disposal of Solid Waste Under the Provisions  
 of Alabama's Solid Waste Disposal Act

This form is to be completely filled out and notarized. You must ATTACH PROOF of ALL income in this household and mail to:

AUTAUGA County Health Department  
 219 N Court St.  
 Environmental Health Division  
 Prattville, AL 36067  
 Phone: (334) 361-3743 Fax: (334) 361-3718

Utility Company: \_\_\_\_\_  
 Utility ID Number: \_\_\_\_\_

*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 January 1 through December 31. I understand that under the terms of the Code of Alabama 1975, Section 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 the Municipal Governing Body.*

*The exemption shall apply only so long as the household's sole source of income is social security and shall be required no later than the first billing date of the year in which the exemption is desired.*

*By signing this affidavit 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). (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, retirement plans, or annuities. (5) any alimony payments for my benefit 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 AUTAUGA 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 December 31 of each year, (2) that this exemption shall not become effective until approved in writing by a duly authorized officer of the AUTAUGA 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 any time either before or after the execution of this application, and (5) I still furnish proof of income by attaching a copy of Social Security check, or copy of bank statement showing Social Security check deposited by direct deposit, or a letter from the Social Security office verifying income.*

**NOTE: This Form MUST be signed and notarized.**

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year  
day mont

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 911 Address  
 \_\_\_\_\_  
 Phone Number

**X**

\_\_\_\_\_  
 Signature of Applicant / Affidavit

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ year  
day mont year

NOTARY Signature: \_\_\_\_\_  
 Commission Expires: \_\_\_\_\_

Exemption Granted: Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Duly Authorized Officer