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.

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Other Members of Your Household (if any)

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<th>Name</th>
<th>Relationship</th>
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<th>DOB</th>
<th>In School?</th>
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<td>6.</td>
<td>(Add additional names, if needed)</td>
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The following questions should be answered for every member of your household:

Does any member of the household receive

A. Social Security Benefits? YES NO 123456
B. SSI disability payments? YES NO 123456

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

C. Wages, salary, tips, etc? YES NO 123456
D. Income from trusts, investments, shares? YES NO 123456
E. Rent from tenants? YES NO 123456
F. Unemployment compensation? YES NO 123456
G. Alimony payments? YES NO 123456
H. Retirement check of any kind? YES NO 123456
I. Other type of income? YES NO 123456

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: ___________________________ Date: ____________
Print Name: ___________________________

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

Mail questionnaire to: Environmental Health, Autauga County Health Department
219 N Court St, Prattville, AL 36067.
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

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 the proof of my eligibility or continued eligibility for this exemption any time either before or after the execution or this application, and (5) I still furnish proof of income by 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 ______, ______.

[Signature of Applicant / Affidavit]

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE ______ day of ______, ______.

[Signature of Notary Public]

Exemption Granted: Yes No

Date: ______

Signature of Duty Authorized Officer

911 Address

Phone Number

Commission Expires: ______