

**DISCOUNT GARBAGE PROGRAM
ELIGIBILITY FORM**

2015 INCOME

APPLICANT'S NAME _____ PHONE NO: _____
SPOUSE'S NAME _____ GARBAGE ACCT. NO. _____
ADDRESS: _____
APPLICANT'S DATE OF BIRTH _____ SPOUSE'S DATE OF BIRTH _____
MARITAL STATUS: _____ MARRIED _____ SINGLE/WIDOWED _____

LIST ALL INCOME FROM PREVIOUS YEAR (SINGLE APPLICANTS REPORT SINGLE INCOME, MARRIED APPLICANTS LIVING TOGETHER MUST REPORT COMBINED INCOME):

1. Total previous year's **gross** Social Security - include Medicare Premiums and Supplemental Security Income (SSI)
Applicant: _____ Spouse: _____ Total: _____
2. Total previous year's **gross** Railroad Retirement Benefits (RRB-1099 and RRB-1099R form)
Applicant: _____ Spouse: _____ Total: _____
3. Total previous year's SERS Pension (State Employees Retirement):
Applicant: _____ Spouse: _____ Total: _____
4. Total previous year's **Gross** Pensions (not listed in 2 & 3 above), and taxable amount of annuities and IRA's:
Applicant: _____ Spouse: _____ Total: _____
5. Total previous year's interest, dividends, capital gains and prizes:
Applicant: _____ Spouse: _____ Total: _____
6. Wages, salary, bonuses, commissions, self-employment, partnerships, net rental, net business, cash public assistance, unemployment, workers' comp, alimony, support, gifts and inheritance over \$300 and death benefits over \$10,000:
Applicant: _____ Spouse: _____ Total: _____
7. TOTAL ANNUAL INCOME (add lines 1 through 6):
Applicant: _____ Spouse: _____ Total: _____

By signing, I acknowledge that all the age and income information listed is true, correct and complete and there are no other wage earners living in the home.

Applicant or Power of Attorney (POA)
Date _____

Spouse (if applying) or Power of Attorney (POA)
Date _____

**ATTACH COPIES OF SUPPORTING
DOCUMENTATION**