

# **Discount Garbage & Sewage Program**

**If you meet the following requirements, complete the attached form and submit it to the Borough of Jefferson Hills along with supporting documents to receive a discount on your garbage and sewage bill:**

- Proof of Residency for the preceding year (driver's License, Utility Bill, etc.)
- Must provide a copy of the preceding year's filed Federal Income Tax
- In a household with one (1) individual, the individual's income must fall below one hundred thirty-six percent (136%) of the 2022 United states Department of Health and Human Services individual Poverty Guidelines, currently set at \$13,590 (\$18,482.40); or
- In a household with more than one (1) individual, the household income must fall below one hundred forty-seven percent (147%) of the 2022 United states Department of Health and Human Services individual Poverty Guideline for two (2) persons in a family/household, currently set at \$18,310 (\$26,915.70).

**Any resident who does not annually furnish the required information to the Borough will automatically be billed at the standard non-discount rates.**

# DISCOUNT GARBAGE & SEWAGE PROGRAM ELIGIBILITY FORM

## PREVIOUS YEAR'S INCOME

APPLICANT'S NAME \_\_\_\_\_ PHONE NO: \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ CUSTOMER ACCT. NO. \_\_\_\_\_

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

APPLICANT'S DATE OF BIRTH \_\_\_\_\_ SPOUSE'S DATE OF BIRTH \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE/WIDOWED

NUMBER OF HOUSEHOLD MEMBERS \_\_\_\_\_

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)

\_\_\_\_\_  
Spouse (if applying) or Power of Attorney (POA)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ATTACH COPY OF PRECEDING YEAR'S FEDERAL INCOME TAX FORM FOR ALL OCCUPANTS**