

APPLICATION AND AFFIDAVIT FOR SOLID WASTE COLLECTION FEE EXEMPTION

You are being provided this form in relation to a request for exemption to the sanitation fee for solid waste collection by the County.

To be eligible for the exemption to the sanitation fee, Social Security Benefits must be the **ONLY** source of income for all individuals in this household. If **ANY** person in this household receives any other type of income, the household is not eligible for the exemption. No other sources of income can be received by anyone residing in the household including compensation for services, gross income derived from business; gains derived from dealings in property; interest; rents; royalties; dividends; alimony and separate maintenance payments; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership gross income; in respect of a decedent; income from an interest in an estate or trust, etc.

The following proof of income must be provided with your application:

- 1. A copy of the last three bank statements of all checking accounts for each individual in your household who receives income.**
- 2. If you do not have a bank account, provide the last three statements from your Direct Express Card.**

This exemption request form must be filled out and all proofs of income must be submitted to the address listed below before **December 31, 2025**, to be eligible for this exemption for the 2026 calendar year. The household must reapply for this exemption each year.

Please be advised that any person who knowingly provides false or misleading information in order to obtain an exemption shall be subject to the provisions of ALA. CODE § 22-27-7.

Mail the entire form, including the following page and Bank Statements to:

**Houston County Sanitation
Attn: Stacey Holland/Social Security Exemptions
P.O. Drawer 6406
Dothan, AL 36302**

HOUSEHOLD INFORMATION

Name of Applicant: _____

Social Security Number: _____-_____-_____

E-911 Street Address of Applicant:

Mailing address if different than E911:

Applicant's Phone Number: (_____) _____

Number of persons living at residence: _____

List the combined monthly income of **ALL** in the household: \$ _____

Name of other individuals receiving income or social security benefits at this address:

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

If more individuals reside in this household and receive income, write their names and social security numbers on the back of this form.

FOR DEPARTMENT USE ONLY

Exemption Request received by Houston County Health Officer on _____ day of _____, 20 ____.

Houston County Solid Waste Supervisor

Application approved: _____ Yes _____ No

Date

Houston County Solid Waste Officer



APPLICATION AND AFFIDAVIT FOR EXEMPTION FROM SOLID WASTE COLLECTION FEES

STATE OF ALABAMA

COUNTY OF _____

Before me, the undersigned Notary Public, personally appeared _____.
Who is known to me and who after first duly sworn deposes and says as follows:

1. My name is _____

2. I reside at _____

3. I make this affidavit in aid of my application for an exemption from the payment of fees for collection of solid waste for the period of _____, 20____ through _____, 20____.

4. I understand that under the terms of Code of Ala 1975, Section 22-27-3(a) (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 municipal governing body. The applicants shall verify income through a notarized and sworn statement and attach supporting documentation. The exemption shall apply only so long as the household's sole source of income is social security and shall be requested no later than the first billing date of each year in which the exemption is desired.

5. I certify that neither I nor any person of my household living in my home is receiving or eligible to receive:

(a) Any income from being employed in any capacity, or as a contractor, including part time employment or contract work.

(b) Any income from any source whatsoever other than Social Security (or other income authorized by the Social Security Act, 42 U.S.C. 301 et seq.).

(c) Any unemployment compensation benefits, taxable disability benefits (other than SSI payments), or retirement benefits (other than Social Security benefits), such as IRS or Keough Plans, from any source whatsoever.

(d) 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, investment plans or annuities.

(e) Any alimony payments for my benefits or the benefit of any member of my household.

6. I certify that in filing this application for exemption I understand that if it is later discovered that I or any persons living in my home are receiving any income in excess of Social Security, that I can be charged with violating the laws, rules and regulations relating to the disposal of solid waste in _____ County, Alabama, and thereafter compelled to pay all fees which I would have otherwise been required to pay during the period of my exemption.

7. I further certify that I understand that: (a) I must apply for this exemption annually before _____ (insert first billing date) each year, (b) that this exemption shall not become effective until approved in writing by a duly authorized officer of the local governing body, (c) that this application is being executed by me under oath as an inducement to grant me an exemption. And (d) that I may be called upon to produce other proof of my eligibility or continued eligibility for this exemption at any time either before or after the execution of this application.

Signed this the _____ day of _____, 20____.

Signature of Applicant/Affiant

Print Name

Address

Phone Number

City/State/Zip

Billing Utility Co.

Sworn to and subscribed before me on this the _____ day of _____, 20____

Notary Public

My commission expires

.....
Exemption Granted: ____ Yes ____ No Date _____

Signature of Duly Authorized Officer