

**ORDINANCE NO. 2010-23**

**AN ORDINANCE TO AMEND THE CODE OF ORDINANCES OF THE CITY OF PHENIX CITY, ALABAMA, CHAPTER 12, SECTION 12-4, PERSONS EXEMPT FROM THE PAYMENT OF GARBAGE COLLECTION CHARGES.**

**BE IT ORDAINED**, the City Council of the City of Phenix City does hereby amend the Code of Ordinances of the City of Phenix City, Alabama, Chapter 12, Section 12-4, Persons exempt from the payment of garbage collection charges as follows:

**SECTION 12-4.** Persons exempt from the payment of garbage collection charges.

**(a) Qualifications for Exemptions.**

1. Any household whose sole source of income is social security benefits shall qualify for exemption from household garbage collection fees pursuant to the Code of Alabama, 1975, §22-27-3(a).
2. Any household whose head of household is 62 years of age or older and the combined income of all adult residents of said household, including applicant, shall not exceed 75% of the Federal Poverty Guidelines (for the year the exemption is being requested), a portion of which income shall include social security benefits shall be granted an exemption from the payment of any residential garbage collection fees required by this article.

**(b) Application for Exemptions.**

1. Applications for exemptions as allowed under Code of Alabama, 1975 §22-27-3(a) shall be filed in the Office of the Clerk on forms provided and shall be granted or denied by the Clerk.
2. The household for which the exemption is being requested must be the primary residence of the applicant and garbage collection service must be registered in the name of the applicant requesting the exemption.
3. As proof of eligibility for exemption, applicant shall provide a certified copy of current year's Income Tax Returns for which the exemption is being requested as proof that the sole source of income for the residents/occupants of the household, including applicant, is social security benefits or that the combined income of all residents of the household, including applicant, shall not exceed 75% of the Federal Poverty Guidelines (for the year the exemption is being requested), a portion of which income shall include social security benefits. If applicant and/or any resident of applicants household are exempt from filing yearly income tax returns, each shall be required to submit a sworn statement declaring such; and shall additionally provide a current statement of benefits received from Social Security, and current bank statement.
4. All applications for exemptions must be filed between August 1<sup>st</sup> and August 31<sup>st</sup> of each year the exemption is being requested. No applications received after August 31<sup>st</sup> shall be accepted. All exemptions shall be in place for a 12 month period. Renewal of exemption shall not be automatic.
5. Applicant shall grant permission for the agents of the City of Phenix City to investigate any or all parts of the information provided on the application by means of signing said application for exemption.

**(c) Termination of Exemption.**

1. Exemption shall be terminated if the circumstances change to the affect that the holder of an exemption is no longer eligible to receive Social Security Benefits, if the sole source of income is no longer only Social Security Benefits, or the combined household income is greater than 75% of the Federal Poverty Guidelines for the year the exemption is being requested.
2. It shall be the obligation of the holder of the exemption to inform the Clerk's office of the change of status.
3. It shall be unlawful for any person to willfully misrepresent any information or make any false statements for the purpose of receiving an exemption or maintaining an exemption.

**(d) Penalty for Violation.**

1. Pursuant to the Code of Alabama, 1975, § 22-27-7 violation of any provision of this article shall be a misdemeanor and any person firm or corporation found guilty shall upon conviction be punished by a fine of not less than \$50.00 nor more than \$200.00. If violations of the provisions of this article, or the failure or refusal to comply with the provisions of this article are continual, each day's violation shall constitute a separate offense and shall be punished accordingly.
2. Upon conviction, violators shall be subject to sanctions allowed by state law, including but not limited to civil suit for the collection of any and all fees for which an exemption was unlawfully obtained, past due amounts and late fees. The city shall be reimbursed for any court costs and attorney fees should judgment be rendered in favor of the city.

This ordinance shall be in effect upon adoption and publication as required by law.

All ordinances or parts of ordinances in conflict herewith are hereby repealed by this ordinance.

If any part, section, or subdivision of this ordinance is declared unconstitutional, or invalid for any reason, it shall not automatically void or invalidate the remaining sections.

**PASSED, APPROVED AND ADOPTED** this 7<sup>th</sup> day of July, 2010.

/s/ H. S. Coulter  
MAYOR

/s/ Jimmy Wetzel

/s/ Max Wilkes

/s/ Michelle E. Walker

/s/ Arthur L. Sumbry  
MEMBERS OF THE CITY COUNCIL OF  
THE CITY OF PHENIX CITY, ALABAMA

ATTEST:

/s/ Charlotte L. Sierra  
CITY CLERK

**CITY OF PHENIX CITY  
APPLICATION FOR EXEMPTION OF GARBAGE FEES**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

For Office Use Only	
Date Rec'd:	_____
Name on Account:	_____
Account Number:	_____
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

I, \_\_\_\_\_, do hereby affirm that: **(a)** the above referenced address is my primary residence; **(b)** that the garbage service for this residence is in my name; and **(c)** I am eligible to receive a garbage exemption based on:

- **The sole source of income for myself and all adult residents in this household is derived solely from Social Security Benefits. I have attached the following documents as proof of income:**
  - Certified copies of Income Tax Returns for myself and all adults residing at this location.
  - Sworn statement declaring exemption from filing Income Tax, current statement of benefits received from Social Security, and current copy of bank statement for myself and all adults residing at this location.
  
- **I am 62 years of age or older and the combined income of all adult residents in this household does not exceed 75% of the Federal Poverty Guidelines for the year that I am requesting an exemption for a portion of which includes income from Social Security Benefits. I have attached the following documents as proof of income:**
  - Certified copies of Income Tax Returns for myself and all adults residing at this location.
  - Sworn statement declaring of exemption from filing Income Tax, current statement of benefits received from Social Security, and current copy of bank statement and for myself and all adults residing at this location.

\_\_\_\_\_ I further understand that it is my duty to report any change in my financial status that may prohibit me from receiving an exemption for garbage fees as outlined in the City of Phenix City Code of Ordinances and pursuant to Code of Alabama, 1975, §22-27-3 and that as a result of failure to do so I may be subject to the penalties for violation as listed in this article and pursuant to the Code of Alabama, 1975, §22-27-7.

\_\_\_\_\_ I acknowledge that should I be granted an exemption, that renewal of such exemption is not automatic; that it is my responsibility to submit an application for exemption between the dates of August 1<sup>st</sup> and August 31<sup>st</sup> for each year I desire to receive said exemption; and my application will not be accepted if received after the August 31<sup>st</sup> deadline.

Oath and Permission to Investigate: I, the undersigned do hereby certify that all the information provided herein is correct and accurate to the best of my knowledge. I do hereby grant permission for the City of Phenix City or its agents to investigate any or all of the information I have provided.

\_\_\_\_\_  
Signature of Applicant

**STATE OF ALABAMA }  
COUNTY OF RUSSELL }**

On this the \_\_\_\_\_ day of \_\_\_\_\_, 2010 \_\_\_\_\_ did personally appeared before me and swore that the above listed statements are true and correct.

S E A L

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

**LIST YOURSELF AND ALL PERSONS LIVING IN YOUR HOUSEHOLD FOR WHICH YOU ARE REQUESTING A GARBAGE EXEMPTION. YOU MUST INCLUDE NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ALL SOURCES OF INCOME RECEIVED, AND THE MONTHLY AMOUNT RECEIVED FOR EACH SOURCE. (ATTACH ADDITIONAL SHEET IF NEEDED)**

NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	INCOME SOURCE	MONTHLY AMOUNT REC'D

**DO NOT WRITE IN THIS SPACE – FOR OFFICIAL USE ONLY**

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

Approved

Disapproved:

Not Signed

Information Incomplete

Required Proof of Income Not Attached

Other : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of City Clerk

# CITY OF PHENIX CITY ALABAMA GARBAGE EXEMPTION FEE

## 2010 GARBAGE EXPEMPTION INCOME LEVEL BASED ON THE FEDERAL POVERTY LEVEL AS DEFINED BY HHS

NUMBER OF RESIDENTS IN HOUSEHOLD	2010 FEDERAL POVERTY LEVEL	PERCENTAGE OF POVERTY LEVEL ALLOWED	TOTAL GROSS YEARLY INCOME ALLOWED	MONTHLY GROSS INCOME ALLOWED
1	\$10,830	75%	\$8,123	\$ 677
2	\$14,570	75%	\$10,928	\$ 911
3	\$ 18,310	75%	\$ 13,733	\$1,144
4	\$22,050	75%	\$16,538	\$ 1,378
5	\$ 25,790	75%	\$19,343	\$1,612
6	\$ 29,530	75%	\$22,148	\$1,846
7	\$ 33,270	75%	\$ 24,953	\$ 2,079
8	\$ 37,010	75%	\$27,758	\$ 2,313

THE ABOVE TABLE LISTS THE MAXIMUM LEVEL OF INCOME ANY HOUSEHOLD CAN RECEIVE, BASED ON THE NUMBER OF RESIDENTS IN THAT HOUSEHOLD, TO MEET 2010 FEDERAL PROVERTY LEVEL GUIDELINES.

THE MAXIMUM LEVEL OF INCOME A HOUSEHOLD CAN RECEIVE TO QUALIFY FOR AN EXEMPTION FOR GARBAGE FEES, PER CODE OF ALABAMA, 1975, §22-27-3, IS 75% OF THE INCOME AS LISTED IN THE FEDERAL POVERTY GUIDELINES.

THIS TABLE LISTS THE **MAXIMUM** TOTAL GROSS YEARLY AND MONTHLY INCOME ALLOWED PER HOUSEHOLD, BASED ON THE NUMBER OF RESIDENTS, TO BE QUALIFIED FOR AN EXEMPTION FROM GARBAGE FEES UNDER THE GUIDELINES PER THE STATE OF ALABAMA.

PLEASE NOTE THAT THE FEDERAL POVERTY GUIDELINES ARE SUBJECT TO CHANGE WHICH MAY AFFECT YOUR ELIGIBLTY.

**CITY OF PHENIX CITY ALABAMA  
GARBAGE EXEMPTION FEE**

**SWORN STATEMENT FOR EXEMPTION OF FILING YEARLY INCOME TAX**

I, \_\_\_\_\_, do hereby state that I am exempt from  
NAME  
 filing yearly Income Tax Returns. The last year I was required to file income tax returns was:

\_\_\_\_\_  
 (If filed within the last 5 years a copy of the return must be attached.)

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**STATE OF ALABAMA    }**  
**COUNTY OF RUSSELL   }**

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_.

SEAL

\_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC  
 MY COMMISSION EXPIRES: \_\_\_\_\_