



**DR. R. GRIFF GORDY**  
Councilmember At Large

**STEVE BAILEY**  
Councilmember District 1

**EDDIE N. LOWE**  
Mayor

**VICKEY CARTER JOHNSON**  
Councilmember District 2

**ARTHUR L. DAY, JR.**  
Mayor Pro Tem / District 3

WALLACE B. HUNTER, City Manager  
MELONY LEE, City Clerk

**NOTICE**

**ANNUAL GARBAGE EXEMPTION APPLICATIONS PERIOD  
AUGUST 1 – SEPTEMBER 3, 2019 (August 31, 2019 falls on Saturday)**

Applications for Garbage Exemptions are accepted yearly during the month of August. Applications will be accepted beginning August 1, 2019 thru September 3, 2019. ALL Applications must be filed before Close of Business on Tuesday, September 3, 2019. (August 31, 2019 falls on a Saturday, September 1, 2019 is a Sunday, September 2, 2019 is Labor Day Holiday) Late applications will not be accepted.

***ALL APPLICATIONS MUST INCLUDE  
ALL OF THE FOLLOWING:***

- Sworn Statement Declaring Exemption from • Social Security Statement of Benefits (current) • Current Copy of Bank Statement(s) •

***OR***

- Current Year's Income Tax Returns •

**NO APPLICATION WILL BE ACCEPTED WITHOUT REQUIRED DOCUMENTATION.**

**QUALIFICATIONS**

- Any household whose *sole source* of income is social security benefits.
- Any household whose head of household is 62 years of age or older and:
  - the combined income of all adults residents does not exceed 75% of the Federal Poverty Guidelines
  - A portion of said income shall include social security benefits.

**CITY OF PHENIX CITY  
2019 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 \_\_\_\_\_, 2019 \_\_\_\_\_ did personally appear 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

## 2019 GARBAGE EXPEMTION INCOME LEVEL BASED ON THE FEDERAL POVERTY LEVEL AS DEFINED BY HHS

Number of Residents in Household	2019 Federal Poverty Level	Percentage of of Poverty Level Allowed	Total Gross Yearly Income Allowed	Monthly Gross Income Allowed
1	\$12,490	75%	\$9,367.50	\$781
2	\$16,910	75%	\$12,682.50	\$1,057
3	\$21,330	75%	\$15,997.50	\$1,333
4	\$25,750	75%	\$19,312.50	\$1,609
5	\$30,170	75%	\$22,627.50	\$1,886
6	\$34,590	75%	\$25,942.50	\$2,162
7	\$39,010	75%	\$29,257.50	\$2,438
8	\$43,430	75%	\$32,572.50	\$2,714

THE ABOVE TABLE LISTS THE MAXIMUM LEVEL OF INCOME ANY HOUSEHOLD CAN RECEIVE, BASED ON THE NUMBER OF RESIDENTS IN THAT HOUSEHOLD, TO MEET 2019 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 ELIGIBILTY.