

SOURCE	APPLICANT	SPOUSE/RELATIVE
SALARIES, WAGES, ETC.		
PENSIONS		
SOCIAL SECURITY		
INTEREST/DIVIDENDS		
RENTAL INCOME		
PUBLIC ASISTANCE		
OTHER INCOME		
TOTAL GROSS INCOME		

Total combined income of the applicant and household members: \$ _____

PLEASE SUBMIT WITH YOUR APPLICATION FOR VERIFICATION:

1. A COPY OF YOUR SOCIAL SECURITY INCOME AND ANY OTHER SOURCES OF INCOME
2. MOST RECENT TAX RETURNS
3. TWO MOST RECENT BANK STATEMENTS
4. MOST RECENT BVU BILL
5. A COPY OF YOUR IDENTIFICATION.

I certify, under penalties provided by law, that this application for a Trash Collection Fee Discount for the Elderly or Disabled, including any accompanying schedules or statement, to the best of my knowledge and belief is true, correct, and complete.

APPLICANT'S SIGNATURE

DATE

SPOUSE/RELATIVE SIGNATURE

DATE