

GARBAGE EXEMPTION COVER LETTER

The City of Evansdale is now accepting applications from **Evansdale residents** only, for the exemption from garbage collection fees.

THE APPLICATION (AFFIDAVIT OF INCOME) MUST BE COMPLETED WITH ALL THE INFORMATION NECESSARY FOR THE COMMITTEE TO MAKE THEIR DECISION.

ALL INFORMATION IS CONFIDENTIAL.

APPLICATIONS WITHOUT PROOF OF CURRENT INCOME (PAYCHECK STUB, SOCIAL SECURITY BENEFIT LETTER, ETC.) WILL NOT BE ACCEPTED.

We require that the same person who signed the contract for utilities with the Evansdale Water Works office for water, sewer and garbage is the same as the applicant for exemption from garbage collection fee.

The application goes to the Hardship and Grievance Committee for their decision. The Hardship and Grievance Committee meets twice a year: **January and July**. If approved, the list will be given to the Evansdale Water Works and you will see the exemption on the next quarterly billing. **The approval is good for one year unless your income or number in household changes, or if you move.** You are to notify the City Clerk’s Office to report any changes. If your application is denied\*, you can call the Clerk’s Office and be informed why your application was denied. We will try to assist you in any way that we can.

Please have application turned in to the Evansdale City Hall no later than 4:00 p.m. on **JULY 14, 2016**.

**GROSS MONTHLY INCOME & BENEFIT GUIDELINES: (Approved 01/17/2013)**

<u>Household Size</u>	<u>Income Limit</u>
1	\$1,211.00
2	\$1,640.00
3	\$2,069.00
4	\$2,498.00
5	\$2,927.00
6	\$3,356.00
7	\$3,785.00
8	\$4,214.00

DeAnne Kobliska  
City Clerk

\* If your application is denied you may appeal in writing to the Mayor within 30 days. The appeal will be heard by the City Council within 30 days. Notice of the appeal hearing will be given to the appellant by ordinary mail. The City Council’s decision will be final.

APPLICATION FOR EXEMPTION FROM GARBAGE COLLECTION FEE  
AFFIDAVIT OF INCOME

Complete form and return to City Clerk's Office, 123 North Evans Road, Evansdale, IA 50707

**PROOF OF ALL TYPES OF INCOME FOR ALL PERSONS 16 YEARS OF AGE & OLDER  
RESIDING IN THE HOUSEHOLD MUST BE SUBMITTED OR THE APPLICATION WILL BE DENIED.**

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

List all dependent children living in the household & ages for each:

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

Name & date of birth of all other adult household members:

\_\_\_\_\_

Do you rent or own your house? \_\_\_\_\_ Amount of monthly rent/mortgage payment \$ \_\_\_\_\_

Average monthly total of utilities (gas, electric, water, sewer & garbage) \$ \_\_\_\_\_

Extraordinary medical expenses **not covered by any type of insurance** \$ \_\_\_\_\_

(please use a separate piece of paper if needed, to explain the medical expense, prescription drugs, etc.)

**TOTAL MONTHLY GROSS INCOME & BENEFITS OF ALL HOUSEHOLD MEMBERS 16 YEARS OF AGE & OLDER:**

\$ _____ Wages	\$ _____ Child Support	\$ _____ Veterans Assistance
\$ _____ Social Security	\$ _____ FIP	\$ _____ Unemployment Compensation
\$ _____ SSI	\$ _____ Section 8	\$ _____ Interest/Dividends
\$ _____ Pension(s) gifts,	\$ _____ Food Stamps	\$ _____ Other (lottery & gambling winnings, benefit proceeds, etc. over \$30.00)

TOTAL MONTHLY GROSS INCOME & BENEFITS FOR HOUSEHOLD AS LISTED ABOVE: \$ \_\_\_\_\_

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS CLAIM INCLUDING ALL STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE CLAIM; AND THAT I AM THE APPLICANT IN THE ABOVE AND FOREGOING APPLICATION FOR EXEMPTION FROM GARBAGE COLLECTION FEE; AND THAT I HAVE READ THE ABOVE APPLICATION AND KNOW THE CONTENTS THEREOF; AND THAT THE STATEMENTS AND ALLEGATIONS THEREIN CONTAINED ARE TRUE AS I VERILY BELIEVE.

I UNDERSTAND THAT MY SIGNING OF THIS APPLICATION AUTHORIZES THE CITY TO VERIFY MY INCOME THROUGH THE USE OF AVAILABLE LEGAL PROCEDURES.

I FURTHER AGREE TO NOTIFY THE COMMITTEE, THROUGH THE CITY CLERK'S OFFICE IN CITY HALL, OF ANY CHANGE IN INCOME FOR ANY HOUSEHOLD MEMBER 16 YEARS OF AGE & OLDER.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR COMMITTEE USE: ( ) APPROVED ( ) DENIED DATE \_\_\_\_\_

IF DENIED, REASON WHY: \_\_\_\_\_