



SOLID WASTE FEE DISCOUNT APPLICATION

(Please read the eligibility on opposite side before completing application)

(Application)

1. Applicant's Name: (Please print) _____
2. Street Address: _____ Zip Code: _____
3. Telephone: _____
4. Provide a copy of the most recent MLGW utility bill. (Must be in applicant's name).
5. Provide a copy of the applicant's birth certificate or driver's license or Medicare Card.
6. How many people live at the applicant's address _____

*List the names and annual income(s) of each person below:

Names (Print)			Date of Birth	Gross Annual
First Name	Middle	Last	(mon/day/yr.)	Income
				\$
				\$
				\$
Total Combined Household Income				\$

*Gross annual income(s) include all wages, pensions, social security, interests, dividends, etc. (not net)

7. Provide Proof of annual (gross) Income for each person listed above.
(ex: Federal Income Tax document(s) or Social Security Statement(s) from most recent year)
8. Is applicant certified medically as being totally (100%) disabled?
Circle one: Yes No Does not apply
(Definition: Totally (100%) disabled means being unable to engage in any substantial gainful activity because of physical or mental condition and physician has determined the condition has lasted, or can lead to death)
9. If the answer to question 8 is YES, provide documentation signed by the physician.
10. I certify to the best of my knowledge that all of the information provided by me is true and correct. Authorize the verification of an and all information for the purpose of certification. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for el determination is liable to prosecution under applicable criminal laws.

APPLICANT SIGNATURE: _____ Date: _____

11. Application must be notarized here:
In the county of Shelby, sworn and subscribed before
me on the ____ day of _____ 20 ____
Notary: _____ (Notary Seal Here)

<p>12. Return application to: City of Memphis Solid Waste Fee Department 125 North Main, Room 640 Memphis, Tennessee 38103</p>
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CITY OF MEMPHIS GUIDELINES FOR SOLID WASTE & SEWER FEE DISCOUNT PROGRAM

To qualify for a solid waste fee discount, applicants must meet either of the following eligibility requirements (A or B):

Requirement A

Must be 65 years of age or older

- **Head of household**
- **Active utility account in the applicant's name**
- **Combined household income of 25, 000 per year or less**

Requirement B

**Must be certified medically as being totally (100%) disabled
Head of household**

**Active utility account in the applicant's name
Combined household income of 25, 000 per year or less**

Application Guidelines

1. Applicants must complete and return a Solid Waste Fee Discount Application provided by City of Memphis Solid Waste Management, following these guidelines. (See application either side).
2. Residents serviced by the City of Memphis Solid Waste Management may request a Solid Waste Fee Department at 636-6851 (8:30 a.m.-5:00 p.m. Monday through Friday) or by downloading the application from the Solid Waste Management web site at www.memphistn.gov
3. The following required documentation must be submitted with the application:
 - a. If applying under eligibility Requirement A (above), proof of age must be provided. (example: copy of birth certificate, driver license, Medicare card)
 - b. If applying under eligibility Requirement B (above), proof of total (100%) disability must be provided. (example: medical documentation signed by an attending physician within the last twelve months)
 - All applicants must submit proof of combined household income of 25, 000 or less per year.
 - Annual income must include all (gross) income total for all individuals residing at the applicant's address. If one or more individuals, or other than the applicant, reside at the applicant's address and generate income, proof of that income must be submitted with the application. (examples of proof: copy(s) of the most recent year's Federal Income Tax or copy(s) of applicant's most recent Social Security Statement)
 - All applicants must submit a copy of the most recent utility bill in the applicant's name.
4. The Application must be notarized.

5. **The City of Memphis reserves the right to reject any application which fails to meet said application requirements.**
6. **POWER OF ATTORNEY: Applicants unable to complete the application process may utilize legal assistance. In such cases, power of attorney documentation must be submitted with the application.**
7. **NOTICE OF APPROVAL OR REJECTION: The City of Memphis will notify the applicant of approval or rejection, within 45 days of receipt of application by the City. Applicants are instructed not to call the Solid Waste Fee Department requesting status information during this time.**
8. **The Solid Waste Fed Discount expires annually on June 30th. Approved applicants will receive renewal forms in advance of the June 30th expiration, to complete and return.**
9. **Privacy: Information provided by the applicant will be used for determining eligibility for this program only and will not be used for any other purpose. Also, applicant can mark through or void Social Security.**

Disability Verification

Must be completed and signed by Physician

The following patient is under 65 years of age and, if verified as being totally disabled, may qualify to continue receiving City of Memphis Solid Waste Fee and Sewer Rate discounts. Therefore, the patient's physician must provide the following information and must sign to receive the discounts.

Patients Name: _____ Date of Birth: _____

Is the above person your ongoing patient? (check one) ____ Yes ____ No

Current Health Issue(s): _____

Which of the following best describes the patient's overall health? (check one)

- Good physical and mental health. (Patient has no significant illnesses or disabilities. Only routine medical care such as annual checkup is required.)
- Mild physical and/or mental impairment. (Patient has only minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures.)
- Moderate physical and/or mental impairment. (Patient has one or more diseases or disabilities which are either painful or require substantial medical treatment.)
- Total physical and/or mental impairment. (Patient has one or more illnesses or disabilities which require extensive medical treatment which are either severely painful or life threatening.)

Is medical improvement..... (check one)

Expected Possible Not expected

Is the patient currently physically able to work? (check one) Yes No

- If no, do you anticipate patient being able to work again? Yes No
- If yes, will patient return to work in the next 12 months? Yes No

The responses to the above questions are complete and accurate to the best of my knowledge.

Physician Signature: _____ Date: _____
(Signature stamp is not acceptable)

Medical Specialty: _____ Phone: _____

Office Address: _____