

State of Alabama
Chambers County Commission



This is an application to be exempt from the Solid Waste fees for garbage pickup. Applications will be accepted from October 1st thru December 31st of the current year.

If you send in a blank application, you will be denied without notice to you.

If you owe any amount to Amwaste you will not be approved until you clear up your account with them. Their number is 334-459-9350.

You must fill out all the highlighted areas of the application, (front and back) sign it and have copies of your last three Social Security checks, or if your check is directly deposited into your bank we will need three different months of your bank statements showing where it is deposited into your account. Please send your **COMPLETED** application back to the address at the bottom of this letter. **NO APPLICATIONS WILL BE ACCEPTED AFTER DECEMBER 31ST OF THE CURRENT YEAR, IN ACCORDANCE WITH THE LAW.**

You must fill out an application every year to be exempt for the service or your name will come off the exemption list, you will have to resume paying for trash service, and you will have to wait another year to re-apply.

ALL AREAS OF THE APPLICATION MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED OR WE WILL NOT ACCEPT IT. CHECK APPLICATION CAREFULLY BEFORE SENDING IT IN.

To qualify for this exemption your sole income for your household must be from Social Security only. You cannot be drawing any kind of retirement, unemployment or pension.

This application will be turned over to the county's Solid Waste Officer for processing. If you have any questions or concerns, you may contact the solid waste office at (334)864-4332 or macy.whorton@chamberscountyal.gov.

Sincerely,

Captain Jason Fuller
Code Enforcement Officer
Chambers County

#2 Lafayette Street South – Lafayette, Alabama 36862

Phone: (334)864-4332 – Fax: (334)864-4309

State of Alabama
Chambers County Commission



Chambers County Application for Social Security Exemption from Solid Waste Collection Fees

FOR THE YEAR 2021

Name _____ Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Mailing Address if different from above _____
Telephone # _____ Social Security # _____

How many live in this home? _____ List their name, date of birth and Social Security #
Name _____ Date of Birth _____ Social Security # _____
Name _____ Date of Birth _____ Social Security # _____
Name _____ Date of Birth _____ Social Security # _____

See back of application for proof needed

List all the income in this home. Some examples of income are Social Security, interest from checking or savings, retirement/annuities, and veteran's benefits and other income.

Name	Source	Amount per month
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am requesting an exemption from the Chambers County Commission from payment of any fees that are required by the Solid Waste Act. The sole income of my household is from Social Security benefits only and this household has no other income. I certify that the information provided on this form is true and correct. I give my permission to the Chambers County Commission to verify the above information.

If any statement is found to be false, the applicant will be liable for the payment of past services rendered and this exemption will be voided. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution.

(Continued on back)

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Chambers County Application for Social Security Exemption from Solid Waste Collection Fees

In order to obtain an exemption from the Solid Waste collection fee on the grounds that the household's sole income is Social Security; you must provide proof of the household's income. You can not be drawing any kind of retirement, unemployment, pension, etc...

There can be no other income coming into the household. Please provide copies of any of the following, which are applicable:

- _____ Copies of the last three Social Security checks received in the household. (i.e., June, July, Aug.)
- _____ Any other government benefits received in the household (i.e., veteran's benefits, AFDC check, food stamps)
- _____ Copies of three current bank statements showing where your check has been directly deposited to your bank. This applies to each member of the household who has a checking or savings account.
- _____ The checking or saving book register of each member of the household who has a checking or savings account.
- _____ Copy of a current income sheet from the Social Security Office. showing what you draw.

Please check one—Do you currently have a trash receptacle Yes ___ or No ___

Applicant's Signature _____ Date: Month _____ Day _____ Year _____

Please make sure you have filled out all the highlighted information on this form. Sign and date it or it will not be accepted.

For office use only:

Date Received _____ Reviewed by _____ Approved _____ Denied _____