

**APPLICATION FOR REFUSE FEE EXEMPTION  
ADVANCE DISPOSAL CO. HARDSHIP PROGRAM**



Qualification for the Advance Disposal Hardship Program is based on your household income and household size. Review the chart below, and if you think you meet the qualification, complete and return the application

Number of persons living in my home:	1	2	3	4	5	6	7	8
Total Combined gross annual income (from all sources)	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720

**Entire application must be completed and signed. Please print clearly.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Must be permanent primary residence & address where you receive service)

If renting please provide: Landlord Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_

Number of persons living in household: Adults (18 & over) \_\_\_\_\_ + Children \_\_\_\_\_ = Total \_\_\_\_\_

Source of Income: (You must list all sources of income from all persons living the household).

**Gross Household Income means all money and noncash benefits available for living expense from all sources taxes, both taxable and nontaxable, before deductions and/or taxes, including expenses, for all people who live in your home.**

Please check all that apply:

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Wages or Profit from Self Employment                                | <input type="checkbox"/> Pensions   | <input type="checkbox"/> Social Security or SSDI  |
| <input type="checkbox"/> Disability or Worker's Compensation payment                         | <input type="checkbox"/> SSP or SSI | <input type="checkbox"/> Unemployment Benefits    |
| <input type="checkbox"/> Insurance of Legal Settlements                                      | <input type="checkbox"/> TANF       | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> Scholarships, grants or other aid used for living expenses          |                                     | <input type="checkbox"/> Rental or Royalty Income |
| <input type="checkbox"/> Interest/Dividends from: savings, stocks, bonds or retirement accts |                                     | <input type="checkbox"/> Cash and/or other income |
| <input type="checkbox"/> Other _____   |                                     |   |

Monthly Family Income (From all people living in the home) : \_\_\_\_\_

**I certify that the information I have provided in this application is true and correct. Advance Disposal Co. reserves the right to verify my household income and I agree that upon request I will provide proof of income. This application expires December 31 of every year and to stay on the program I will have to provide a new application. I agree to notify Advance Disposal within 30 days if I no longer qualify for the program. I may be required to pay back the discount if I received the discount without meeting the qualifications.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_