Application for Trash Collection Fee Discount for Elderly/Disabled
Commissioner of the Revenue
497 Cumberland St, Room 101
Bristol, Virginia 24201
Ph: 276-645-7316 Fx: 276-645-3790

THIS APPLICATION MUST BE FILED EVERY YEAR BY JUNE 30

The information on this application must be filled out in its entirety and returned to the Bristol Virginia Commissioner of the Revenue’s Office, 497 Cumberland Street, Suite 101. Applications may be filed at any time but must be renewed every year by July 1 to be eligible for the following year. Complete all spaces on the application that are applicable. THIS DISCOUNT IS GRANTED ON AN ANNUAL BASIS AND A NEW APPLICATION MUST BE FILED EACH YEAR NO LATER THAN JUNE 30.

APPLICANT: ________________________________________________________________
LAST NAME  FIRST  MIDDLE

ADDRESS: ____________________________________________________________________

PHONE #: ________________________ NUMBER OF PEOPLE IN HOUSEHOLD: __________

BIRTH DATE: ________________________ SSN: ______________________
MONTH  DAY  YEAR

SPOUSE/RELATIVE: ________________________________________________________________
LAST NAME  FIRST  MIDDLE

BIRTH DAY: ________________________ SSN: ______________________
MONTH  DAY  YEAR

EXEMPTION ONLY APPLIES IF ANNUAL INCOME IS AT OR BELOW THE FEDERAL POVERTY LEVEL
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<thead>
<tr>
<th>SOURCE</th>
<th>APPLICANT</th>
<th>SPOUSE/RELATIVE</th>
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<tbody>
<tr>
<td>SALARIES, WAGES, ETC.</td>
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<td>PENSIONS</td>
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<td>SOCIAL SECURITY</td>
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<td>INTEREST/DIVIDENDS</td>
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<td>RENTAL INCOME</td>
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<td>PUBLIC ASISTANCE</td>
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<td>OTHER INCOME</td>
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<td><strong>TOTAL GROSS INCOME</strong></td>
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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