

**CITY OF LITTLE CANADA
AFFIDAVIT
ORGANIZED COLLECTION SUBSIDY APPLICATION**

Name: _____

Address: _____

Phone: _____ Family Size: _____

Signature of Resident: _____ Date: _____

TYPE OF SUBSIDY REQUESTED: (check one)

_____ I certify that I am physically handicapped and request that my at-the-door refuse service be subsidized by the City of Little Canada. I have attached a letter of verification from my physician.

I certify that no other person who is able to put the refuse out at my curb is residing at my address, and also waive liability to my assigned hauler and the City of Little Canada for any damage that may occur to my driveway from the weight of the refuse trucks.

_____ I certify that my annual household income is at or below the very low income level established by the US Department of Housing & Urban Development (see guidelines below). I request that the City subsidize half of the cost of the minimum level (30-gallon) refuse collection rate. I have attached a copy of my household's current tax records showing my gross annual income.

2017 Qualification Guidelines:

<u>Family Size</u>	<u>Gross Annual Household Income</u>
1	\$31,650
2	\$36,200
3	\$40,700
4	\$45,200
5	\$48,850
6	\$52,450
7	\$56,050
8	\$59,700

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For City of Little Canada's Use Only:

_____ Approved

_____ Disapproved (Explain) _____

By: _____ Date: _____