

**CITY OF IRONDALE
APPLICATION FOR EXEMPTION OF GARBAGE FEES**

Date: _____
Name: _____
Property Address: _____

Mailing Address: _____

Phone Number: _____

For Office Use Only	
Date Rec'd:	_____
Name on Account:	_____
Account Number:	_____
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

I, _____, do hereby affirm that: **(a)** the above referenced address is my primary residence; **(b)** that the garbage service for this residence is in my name; and **(c)** I am eligible to receive a garbage exemption based on:

- **The sole source of income for me and all adult residents in this household is derived solely from Social Security Benefits. I have attached the following documents as proof of income:**
 - Certified copies of Income Tax Returns for me and all adults residing at this location.
 - Sworn statement declaring exemption from filing Income Tax, current statement of benefits received from Social Security, and current copy of bank statement for myself and all adults residing at this location.

- **I am 65 years of age or older and the combined income of all adult residents in this household does not exceed 75% of the Federal Poverty Guidelines for the year that I am requesting an exemption for a portion of which includes income from Social Security Benefits. I have attached the following documents as proof of income:**
 - Certified copies of Income Tax Returns for me and all adults residing at this location.
 - Sworn statement declaring of exemption from filing Income Tax, current statement of benefits received from Social Security, and current copy of bank statement and for me and all adults residing at this location.

_____ I further understand that it is my duty to report any change in my financial status that may prohibit me from receiving an exemption for garbage fees as outlined in the City of Irondale Code of Ordinances and pursuant to Code of Alabama, 1975, §22-27-3 and that as a result of failure to do so I may be subject to the penalties for violation as listed in this article and pursuant to the Code of Alabama, 1975, §22-27-7.

_____ I acknowledge that should I be granted an exemption, that renewal of such exemption is not automatic; that it is my responsibility to submit an application for exemption between the dates of January 1st and January 31st for each year I desire to receive said exemption; and my application will not be accepted if received after the January 31st deadline.

Oath and Permission to Investigate: I, the undersigned do hereby certify that all the information provided herein is correct and accurate to the best of my knowledge. I do hereby grant permission for the City of Irondale or its agents to investigate any or all of the information I have provided.

Signature of Applicant

**STATE OF ALABAMA}
COUNTY OF
JEFFERSON}**

On this the _____ day of _____, 2025 _____ did personally appear before me and swore that the above listed statements are true and correct.

S E A L

SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

LIST YOURSELF AND ALL PERSONS LIVING IN YOUR HOUSEHOLD FOR WHICH YOU ARE REQUESTING A GARBAGE EXEMPTION. YOU MUST INCLUDE NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, ALL SOURCES OF INCOME RECEIVED, AND THE MONTHLY AMOUNT RECEIVED FOR EACH SOURCE. (ATTACH ADDITIONAL SHEET IF NEEDED)

NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	INCOME SOURCE	MONTHLY AMOUNT REC'D

DO NOT WRITE IN THIS SPACE – FOR OFFICIAL USE ONLY

Date Received: _____

- Approved
 Disapproved:
 Not Signed
 Information Incomplete
 Required Proof of Income Not Attached
 Other : _____

 Signature of City Clerk

**CITY OF IRONDALE ALABAMA
GARBAGE EXEMPTION FEE**

SWORN STATEMENT FOR EXEMPTION OF FILING YEARLY INCOME TAX

I, _____, do hereby state that I am exempt from
NAME
filing yearly Income Tax Returns. The last year I was required to file income tax returns was:

(If filed within the last 5 years a copy of the return must be attached.)

Print Name: _____

Signature: _____

Date: _____

**STATE OF ALABAMA }
COUNTY OF JEFFERSON}**

Sworn to and subscribed before me, this the _____ day of _____,
20____.

S E A L

SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES: _____