

SOLID WASTE FEE RELIEF PROGRAM

The purpose of this program is to provide assistance in the payment of city solid waste fees to citizens of Newport News with low annual incomes.

PROGRAM DATES: Applications are available throughout the year. This application applies only to City of Newport News Solid Waste Fees. It does not include any other fees or your bill for water consumption.

NOTARY: In order for your application to be processed, it must be completed, signed and notarized. Assistance with application completion and free notary services are available by appointment at the Department of Public Works (Solid Waste Division) in Oyster Point (513 Oyster Point Road, Newport News, Virginia 23602; 757-269-2874).

REQUIREMENTS: Applicant must be a resident of the City of Newport News and must be legally responsible for payment of the Solid Waste Fee. Unless the applicant is in a nursing home, mental hospital, or facility for physical or mental care, they must occupy the home. Rental property, vacant homes and businesses are ineligible for Solid Waste Fee Relief.

INCOME: Combined previous year total gross income of all household members is counted. Approximate amounts are not acceptable.

EXEMPTIONS: Residents and relatives (other than individual legally responsible for paying solid waste fees and spouse), receive a \$10,000 deduction each from their gross annual income.

Permanently and totally disabled (person legally responsible for paying solid waste fee and/or spouse) receive a \$10,000 deduction from income.

RESOURCES: Applicant and spouse allowed up to \$200,000 in assets.

RECERTIFICATION: Applicants found eligible for the Solid Waste Fee Relief Program are required to be recertified annually.

CHANGES: Any changes which would affect the applicant's eligibility, must be immediately reported to the Solid Waste Division (examples: changes in income, resources, or situation).

APPLICATION FOR SOLID WASTE FEE RELIEF
CITY OF NEWPORT NEWS, VIRGINIA
(757) 269-2700

I. IDENTIFYING INFORMATION:

- a. Applicant: _____ Social Security No: _____
(Last Name) (First Name) (Middle)
- b. Birth Date: _____ Phone: _____
- c. Spouse: _____ Social Security No: _____
(Last Name) (First Name) (Middle)
- d. Birth Date: _____ Phone: _____
- e. Residence Address: _____
(Street & No.) (City) (State) (Zip)
- f. Do you live at the above address? _____ Yes _____ No
- g. Mailing Address (If different): _____
- h. Waterworks Account # _____
- i. Are you or your spouse permanently and totally disabled? _____ Yes _____ No
List Name(s) of disabled individual(s): _____

II. INCOME INFORMATION:

IMPORTANT - All income must be converted to a yearly amount. Income that is received weekly or monthly, etc. should be converted to give a yearly amount. For example, a Pension of \$310 per month should be multiplied by 12 to give the annual amount of \$3,720.00. (\$3,720.00 would be the amount reported below).

List all the yearly income of Owner, Spouse, and all other residents of the dwelling before any deductions are taken out. Include the names, and income of any resident who lives in your household. (Attach a separate sheet if necessary). List names and ages of all other residents of the dwelling.

* Including Children

INCOME:	Applicant	Spouse	*Resident Name/Age	*Resident Name/Age	*Resident Name/Age
Name:					
Employment	\$	\$	\$	\$	\$
Self Employment	\$	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$
SSI	\$	\$	\$	\$	\$
Railroad Retirement	\$	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$	\$
Civil Service Pensions	\$	\$	\$	\$	\$
Other Pensions	\$	\$	\$	\$	\$
Service Allotments	\$	\$	\$	\$	\$
Royalties	\$	\$	\$	\$	\$
Interest	\$	\$	\$	\$	\$
Dividends	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$
Capital Gains	\$	\$	\$	\$	\$
Gifts/Lottery	\$	\$	\$	\$	\$
Government Assistance	\$	\$	\$	\$	\$
Other (Please Name): _____	\$	\$	\$	\$	\$
Total Income:	\$	\$	\$	\$	\$

III. NET FINANCIAL WORTH

Please complete this statement of Net Financial Worth. Included in this statement must be all assets and financial worth of the applicant and spouse, including equitable interests. IF YOU ARE A HOMEOWNER, DO NOT INCLUDE THE VALUE OF THE RESIDENCE AND UP TO ONE ACRE OF LAND UPON WHICH IT STANDS.

NET VALUE OF ASSETS

VEHICLE #1 YR: _____ MAKE: _____ MODEL: _____

VEHICLE #2 YR: _____ MAKE: _____ MODEL: _____

ALL OTHER ASSETS:	Owner (Applicant) Value	Spouse Value
Checking Account(s)	\$	\$
Savings Account(s)	\$	\$
Savings Certificates	\$	\$
Certificates of Deposit	\$	\$
Insurance Cash Value	\$	\$
Stocks	\$	\$
Bonds	\$	\$
Boat	\$	\$
Trailer/Camper	\$	\$
Other Real Estate	\$	\$
Other Assets (Please Explain)	\$	\$
TOTAL ASSETS	\$	\$

AFFIDAVIT

I request Solid Waste Fee Relief and certify that these statements are true and correct to the best of my knowledge and belief. I agree to let the Department of Public Works know immediately of any changes that occur in my situation as indicated above. I understand that any person or persons falsely claiming Solid Waste Fee Relief shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than \$50.00 nor more than \$500.00 for each offense.

Applicant Signature

Date

STATE OF VIRGINIA } To-wit:
CITY OF: _____

Personally appeared before me in my City and State aforesaid (applicant name) _____, who being first duly sworn by me acknowledged the signature to the foregoing sworn affidavit to be his/her own and stated that on information and belief the said statements are true and correct.

Subscribed and sworn to me the undersigned Notary Public, in my City and State aforesaid the _____ day of _____ 20____.

Notary Public

Registration No. _____

My commission expires _____