



2016

CITY OF ALLENTOWN MUNICIPAL WASTE AND RECYCLING FEE

WARD/ACCOUNT #:



A GENERAL INFORMATION Please Complete

Your Social Security Number		Spouse's Social Security Number		If spouse is deceased, fill in oval <input type="checkbox"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Last Name		First Name		MI	DOB (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Address – Line 1					
<input type="text"/>					
Address – Line 2					
<input type="text"/>					
City or Post Office		State	Zip Code	County Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Spouse's Last Name		Spouse's First Name		MI	DOB (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime Telephone Number		Alternate Telephone Number			
<input type="text"/>		<input type="text"/>			

B REBATE QUALIFICATIONS: I certify that:

- The residence is a single family dwelling, owned and occupied by the claimant the entire calendar year **2016**.
- As of **December 31, 2016**: (please fill in one oval):
 - claimant age 65 or older
 - claimant married to spouse age 65 or older as of **December 31, 2016**, who resided in the same household
- The request for rebate form is complete, includes all necessary documentation and is postmarked on or before **June 30, 2017**

C TOTAL INCOME received by you AND your spouse during 2016

DOLLARS CENTS

		DOLLARS	CENTS
4.	Social Security, SSI and SSP Income (total benefits)	4.	
5.	Railroad Retirement Tier 1 Benefits (total benefits)	5.	
6.	Pension, Annuity, IRA Distributions, Veterans' Disability and Railroad Retirement Tier 2 (total benefits)	6.	
7.	Interest and Dividend Income	7.	
8.	Gain or Loss on the Sale or Exchange of Property If a loss, fill in this oval <input type="checkbox"/>	8.	
9.	Net Rental Income or Loss If a loss, fill in this oval <input type="checkbox"/>	9.	
10.	Net Business Income or Loss If a loss, fill in this oval <input type="checkbox"/>	10.	
Other Income:			
11a.	Salaries, wages, bonuses, commissions, and estate and trust income	11a	
11b.	Gambling and lottery winnings, including PA lottery winnings, prize winnings and the value of other prizes	11b	
11c.	Value of inheritances, alimony and spousal support	11c	
11d.	Cash public assistance/relief, unemployment compensation and worker's compensation (except Section 306(c) benefits)	11d	
11e.	Gross amount of loss of time insurance benefits, disability insurance benefits, and life insurance benefits (except the first \$5,000 of total death benefit payments)	11e	
11f.	Gifts of cash or property totaling more than \$300, except gifts between members of a household	11f	
11g.	Miscellaneous income that is not listed above	11g	
12.	TOTAL INCOME. Add only the positive income amounts from lines 4 through 11g. ** If your total income exceeds \$15,000, you may not claim rebate **	12.	

IMPORTANT: All claimants must submit proof of annual income

D Any person who willfully makes any false or untrue statement on this rebate application shall, upon summary conviction before any Magisterial District Judge of the County of Lehigh, be sentenced to pay a fine not to exceed Three Hundred Dollars (\$300.00) for each offense, and, in default of payment of fines and/ or costs, shall be imprisoned in the Lehigh County Prison for a period not exceeding ninety (90) days for each offense.

CLAIMANT OATH: I declare that this claim is true, correct and complete to the best of my knowledge and belief, and this is the only claim filed by me or members of my household. I authorize the City of Allentown access to my federal and state personal income tax records, my PACE records, my Social Security Administration records and/or my Department of Public Welfare records. This access is for verifying the truth, correctness and completeness of the information reported in this claim.

Claimant's Signature	Date	Spouse's Signature	Date
Power of Attorney (please print)		POA Address	
POA's Signature		Date	POA Phone #
* NOTE: If someone other than claimant signs this request a valid copy of the Power of Attorney form must be attached *			
Preparer (if other than the claimant) (please print)		Preparer Address	
Preparer Signature		Date	Preparer Phone #

CALL 610-437-7516 TO CHECK THE STATUS OF YOUR REBATE OR TO UPDATE YOUR ADDRESS