

**CITY OF ALLENTOWN
REVENUE AND AUDIT BUREAU
GARBAGE COLLECTION AND DISPOSAL SERVICE FEE
EXONERATION FORM FOR 2012 - \$35 INCREASE ONLY
TOTAL HOUSEHOLD INCOME CANNOT EXCEED \$19,999**

**RETURN TO: CITY OF ALLENTOWN
435 HAMILTON STREET
ROOM 215
ALLENTOWN, PA 18101**

**FOR INFORMATION OR
ASSISTANCE CALL:
KEITH – 610-437-7516**

PLEASE COMPLETE SECTIONS 1, 2 AND 3 BELOW. IF YOU QUALIFY FOR EXONERATION, YOU WILL BE NOTIFIED AND WILL NOT BE LIABLE FOR THE GARBAGE COLLECTION AND DISPOSAL SERVICE FEE INCREASE OF \$35 FOR 2012.

SECTION 1: CLAIMANT (Please Print)

Name _____
(Last) (First) (Middle)

Address _____

Phone No. _____

Claimant

Spouse

Social Security No. _____

Date of Birth: _____

SECTION 2: QUALIFICATIONS

A. The property must be the claimant's principle place of residence.

B. Claimant or spouse may be Age 65 or older as of January 1, 2012.

(PLEASE CHECK ONLY ONE)

Claimant Age 65 or Older Claimant under 65

Claimant Married to a Spouse Age 65 or Older

C. List name and age of all persons residing at the address for which exoneration is requested.

_____	_____
_____	_____
_____	_____

D. Total household income from all sources cannot exceed \$19,999.

Please include a copy of the completed 2011 form 1040 Individual Income Tax return for all wage earners residing with you. If married and filing separately please include a copy of your spouse's return. If you do not file a 1040 return, please include a copy of your PA Property Tax or Rent Rebate form and provide documentation for social security and any other income not reported on the PA tax form. If you do not file a PA return, sign here and submit documentation for all forms of income.

Claimant's Signature

Date

SECTION 3: CERTIFICATION AND SIGNATURE

CLAIMANT: I certify this information 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 understand that any person who willfully makes any false or untrue statement on this claim for exoneration shall upon conviction before any District Justice of the County of Lehigh be sentenced to pay a fine not to exceed the sum of Three Hundred Dollars (\$300.00) for each offense, and, in default of payment of fine or costs, shall be imprisoned in the Lehigh County Prison for a period not exceeding ninety (90) days for each offense.

CLAIMANT SIGN HERE:

Claimant's Signature

Date

WITNESSES SIGN HERE:

1. _____

2. _____

Two witnesses necessary only when claimant makes a mark (X).

PREPARER (If other than claimant): I certify that I prepared this claim and that it is to the best of my knowledge and belief, true, correct and complete.

Signature of Preparer

Date

If you supply the proper 2011 tax form prior to March 31 and are eligible for the exonerated you will not be required to pay the fee increase of \$35. You will receive a corrected 2012 real estate tax bill which does not include the garbage fee increase of \$35. All applicants submitting documentation after March 31, 2012 must pay the fee and if it is determined that you are eligible you will receive a refund. If you are not required to file the 1040 form then you must supply a copy of the PA income tax form. If you are not required to submit a PA form then supply proof of all forms of income. The PA Property Tax/Rent Rebate Form is an acceptable alternative.