



2017

CITY OF ALLENTOWN
MUNICIPAL WASTE AND
RECYCLING FEE

WARD/ACCOUNT #:



A GENERAL INFORMATION Please Complete

Your Social Security Number, Spouse's Social Security Number, Last Name, First Name, MI, DOB, Address - Line 1, Address - Line 2, City or Post Office, State, Zip Code, County Code, Spouse's Last Name, Spouse's First Name, MI, DOB, Daytime Telephone Number, Alternate Telephone Number

B REBATE QUALIFICATIONS: I certify that:

- 1. The residence is a single family dwelling, owned and occupied by the claimant the entire calendar year 2017.
2. As of December 31, 2017: (please fill in one oval):
- claimant age 65 or older
- claimant married to spouse age 65 or older as of December 31, 2017, who resided in the same household
3. The request for rebate form is complete, includes all necessary documentation and is postmarked on or before June 30, 2018

C TOTAL INCOME received by you AND your spouse during 2017

DOLLARS CENTS

Table with 4 columns: Line Number, Description, Line Number, Dollars Cents. Rows include Social Security, Railroad Retirement, Pension, Interest and Dividend Income, Gain or Loss on the Sale or Exchange of Property, Net Rental Income or Loss, Net Business Income or Loss, Other Income (11a-11g), and TOTAL INCOME.

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