

**ADDENDUM B
BOROUGH OF EMMAUS
2020**

LOW INCOME REDUCED REFUSE RATE APPLICATION

RATE: \$200.00 (If paid on or before February 18, 2020 the fee is \$175.00)

I. Who is eligible for the reduced rate?

a. The following stipulations must be met in order to be eligible for the reduced rate:

1. Head of household must be 62 years of age or older.
2. Your annual income for 2019 must not have exceeded \$18,000 as a single resident or \$25,000 for your household of two or more, including individuals residing in the home under the age of 62.

II. The following form must be approved by the Borough Manager by February 1, 2020. It is the policy of the Borough of Emmaus to provide official written documentation of proof of all income. The following documentation requirements are consistent with the requirements of the PA 1000 Property Tax or Rent Rebate Form.

- a. Enter total 2019 wages, salaries, bonuses, commission and other compensation as reflected on employer form W-2. _____
- b. Enter total 2019 Social Security earnings. _____
- c. Enter all 2019 income generated from interest received from stocks, bonds and banks, as per Schedule D. _____
- d. Enter all net income from 1099R Form (Pension, IRA's, Annuities) _____
- e. Enter all income from business or profession as reflected on Form 1940. _____
- f. SSI / Public Welfare revenue (as per the award letter) _____
- g. Enter all income from Railroad Retirement _____
- h. Enter all income from Veteran's Disability _____
- i. Enter all income from the Schedule C self-employment tax report _____
- j. Enter all income under Schedule K (Estate and Trust Income) _____

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- k. Enter all income as reported on a 1099 Form _____
- l. Enter all income as per Schedule B (interest income) _____
- m. Enter all income as per Schedule E (rental property income) _____
- n. Enter income from all gambling and lottery winnings _____
- o. Enter all income from inheritances, alimony, and spousal support _____
- p. Enter all income from cash public assistance, unemployment compensation, and / or worker's compensation _____
- q. Enter all income from disability and / or life insurance benefits _____

I declare, under the penalties of perjury, that this return has been prepared by me and to the best of my knowledge and belief that it is a true, correct and complete form.

Name: _____ Refuse No. _____

Address: _____ Age: _____

Phone No.: _____

Social Security No.: _____

Signature: _____ Date: _____

Approved by Borough Manager: _____ Date: _____