HENDRY COUNTY SOLID WASTE COLLECTION APPLICATION FOR LOW-INCOME SUBSIDY PO BOX 1780 LABELLE, FL 33975

THIS APPLICATION AND SUPPORTING DOCUMENTS MUST BE SUBMITTED <u>EVERY YEAR</u> PRIOR TO JULY 1ST TO BE ELIGIBLE FOR HARDSHIP

Date:	New Application
Dute.	Renewal
Name of Applicant:	
Social Security Number:	(his) Date of Birth:
Social Security Number:	(her) Date of Birth:
Name of Property Owner:	
County of Residence:	City:(your account number is found on the upper left corner
Account Number:	(your account number is found on the upper left corner
or your kear Estate Tax statement)	
Street Address/Location of Property:	
Mailing Address:	
Home Phone Number:	Office Phone Number
Total Gross Income of ALL Household me	Office Phone Number:embers: \$
Name of Household Members	/ Age / Employer / Source / Income
INTEREST, ALL OTHER INCOME.) AMOUNT OF FOOD STAMPS PER MONTH VERIFY)	ROOF OF <u>ANY</u> AND <u>ALL</u> INCOME** (SALARY, SOCIAL SECURITY, AFDX, SENDS, RENTS, AND ALL OTHER INCOME) LIST WHO RECEIVED FROM,
YEARS (AND W-2 FORMS). IF YOU RECE CHECK, ETC. (SUBMIT COPY OF CHECK) UNDER PENALTY OF PERJURY, I HEREBY C AND CORRECT TO THE BEST OF MY KNOW	E WITH A COPY OF YOUR INCOME TAX RETURN FOR THE PAST TWO EIVE CHECKS FOR SOCIAL SECURITY, DISABILITY, AND FORM OF AID SERTIFY THE INFORMATION THAT I HAVE GIVEN IS TRUE, COMPLETE, VLEDGE, AND I AGREE TO NOTIFY THE HENDRY COUNTY WASTE TELY IF THERE IS AN INCREASE OR DECREASE IN MY INCOME AND
<u>AUT</u>	HORITY TO VERIFY INFORMATION
ESTATE CO., CREDIT UNION, LANDLORD, E SECURITY, RAILROAD RETIREMENT, VETER ACCREDITED AGENT OF THE COUNTY TO P	ORIZE ANY BANK, BUILDING ASSOCIATION, INSURANCE CO., REAL EMPLOYER, PUBLIC OR PRIVATE SOCIAL SERVICE AGENCY, SOCIAL RANS ADMINISTRATION, INTERNAL REVENUE SERVICE, OR ANY PROVIDE COPIES OF ALL RECORDS OF ACCOUNTS, TRANSACTIONS,
PROPERTY, TAX RETURNS, DEBTS, AND OT JNDERSIGNED.	THER FINANCIAL INFORMATION PERTAINING TO THE
	SIGNATURE:
WITNESS:	SPOUSE SIGNATURE:
	DATE SIGNED: