

CITY OF BLAINE
10801 Town Square Drive
Blaine, MN 55449
763-785-6141

ACCOUNT NO. _____

**APPLICATION FOR REDUCED GARBAGE RATES
FOR DISABLED CITIZENS**

I, the undersigned, declare under penalty of perjury, that I am a citizen of Blaine and I am certified to be 100% disabled by the Social Security Administration as required by Section 10.26 (a) and that I meet the hardship provisions of Section 10.26 (b) of the City Code.

DATE: _____

SIGNATURE: _____

ADDRESS: _____

Extracted from City Code Section 10.26 (a) and (b):

Section 10.26. Same - Reduced rate for disabled and senior citizens with a hardship.

(a) The quarterly garbage, recycling and rubbish collection service charges shall be reduced to one-half of the established quarterly charge for any dwelling unit principally occupied by:

(1) Persons who are 65 years of age or older who meet the hardship conditions.

OR (2) Disabled citizens having received an award letter from the Social Security Administration indicating that the individual is one hundred percent (100%) disabled

(b) A hardship shall be deemed to exist when **all of the following** apply:

(1) The annual gross income of the household according to its most recent federal income tax return does not exceed the Federal Poverty Income Guidelines for a family of four (4), plus three thousand dollars (\$3,000)*. If no such return was filed, the Clerk shall require the applicant to submit other documentation to show that this qualification is met.

The annual income of my household is as follows:

Salaries & Wages \$ _____

Social Security \$ _____

TOTAL \$ _____

(Must not exceed \$25,350 annually)