



City of Springfield, Massachusetts
APPLICATION FOR DISCOUNT FROM TRASH FEE

Date Received:

Instructions: Fill out completely, attach required documentation, sign, date and return to the City Collector's Office, 36 Court Street, Room 112, Springfield, MA 01103. If your name is different from the property owner's name on the trash bill, you will have to provide proof of ownership. If the owner transferred the property in trust, the trustee can apply for the discount if the proof of trust is provided. If the owner transferred the property but retained life estate interest, the owner can still apply for the discount if the proof of life estate or tax / bill payment by the owner is provided. Until approved by the city, your application does not relieve you from payment of the trash fee, as billed. The payment of the trash fee is due thirty (30) days from the bill date, and may incur interest and charges if paid late. For more information, call **(413) 787-6000** or visit www.SpringfieldCityHall.com.

Parcel ID: ▶		Number of Bins: ▶	
Trash Bill Number: ▶		Trash Bill Date: ▶	
Name of Property Owner(s): ▶			
Property Address: ▶			
Mailing Address [if different] : ▶			
Daytime Phone Number: ▶		Alternate Phone Number: ▶	

▼ Check off only one type of discount below.	Provide the required documentation listed below. ▼
1 <input type="checkbox"/> Discount for owner of an owner-occupied primary residence, who is sixty-five (65) years or older – 25%.	Attach proof of your age, such as a copy of your official photo identification with a clearly visible date of birth and full name that matches that of the owner of record. A birth certificate can be accepted in lieu of the photo ID as long as the first name and middle initial match that of the owner of record.
2 <input type="checkbox"/> Discount for owner of an owner-occupied primary residence, who is blind – 25%.	Attach a copy of your current visual impairment certification, issued by the Massachusetts Commission for the Blind.
3 <input type="checkbox"/> Discount for owner of owner-occupied primary residence, who is a veteran with war-service related disability – 25%.	Attach a copy of your award letter, issued by the federal Veterans Administration.
4 <input type="checkbox"/> Discount for owner of an owner-occupied primary residence, who is indigent – 25%.	Attach written proof, annually, of current gross annual income for your household, at or below 100% of federal poverty level, i.e. \$10,400 / 1 person household; \$14,000 / 2 pp.; \$17,600 / 3 pp.; \$21,200 / 4 pp.; \$24,800 / 5 pp.; \$28,400 / 6 pp.; \$32,000 / 7 pp.; \$35,600 / 8 pp.; for each additional person, add \$3,600 [<i>Federal Register</i> , Vol. 73, No. 15, January 23, 2008, pp. 3971–3972]. A copy of your current federal tax return, or, in the alternative; a letter of non-filing [IRS 1722]; or a transcript of income [IRS 4506T]; is considered a sufficient proof by the city.

The property owner is signing this application under the penalties of perjury as to the truthfulness of the information contained herein or attached hereto. Intentional misrepresentation of facts in this application may result in cancellation of your discount and reinstatement of balances originally due, along with any late payment interest and charges. Incomplete applications will not be considered. Only one type of discount can be granted, and multiple types of discounts cannot be combined. Applications can be submitted and are processed on a rolling basis between quarterly trash fee billing periods. The application must be received at least 30 days prior to the quarterly billing date in order to be processed and reflected on the subsequent statement. If your application is approved, your next bill will be adjusted accordingly, without any proration between billings. In case of multiple bins, only the first city-provided container on the property is eligible for the discount. You have a right to appeal the denial of your application, as specified in the program rules and regulations established by the City.

Applicant's Signature: ▶		Date Signed: ▶	
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CITY OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Application Approved.	Date Entered: ▶		Initials: ▶		[For Denials, Appeals & Reversals Only] Review Committee Signatures
<input type="checkbox"/> Application Denied.	Date Decided: ▶		Eff. Date: ▶		
<input type="checkbox"/> Appeal Heard.	Date Decided: ▶		Eff. Date: ▶		
<input type="checkbox"/> Appeal Granted.	<input type="checkbox"/> Appeal Denied.		Entered ▶		