

SOUTH WHITEHALL TOWNSHIP

4444 Walbert Avenue, Allentown, PA 18104-1699
www.southwhitehall.com • (610) 398-0401

LOW-INCOME SENIOR REFUSE DISCOUNT PROGRAM ANNUAL APPLICATION FOR THE YEAR 2024

APPLICANT INFORMATION

	Name (Last, First)	Social Security #			DOB (MM/DD/YY)
Claimant					
Spouse					
Address					
City		State		Zip	Account #
Email Address				Phone #	

I certify that:

- I am sixty-five (65) years of age or older as of January 1, 2024.
- I am the deeded owner of the property owner, I reside at the property, and I am the person primarily responsible for paying the Municipal Solid Waste and Recycling Fee to the Township.
- My total 2023 gross annual household income was \$33,500 or less for a single person, or \$41,500 or less for a married couple.
- This low-income senior refuse discount application is complete, includes any necessary documentation and is postmarked on or before December 31, 2024.

2023 ANNUAL INCOME INFORMATION

** If you have no income from the previous year, provide a letter stating how your needs were met **	Applicant	Spouse	Total
1. Gross Social Security and Gross SSI			
2. Railroad Retirement Benefits (RRB1099 and RRB1099R)			
3. Gross Pensions & Taxable Amounts of Annuities – List Source (Ex. SERS, PSERS, 401k, Other IRA's, etc.)			
4. Interest, Dividends, Capital Gains, Prizes			
5. Wages, Salary, Bonuses, Commissions, Self-Employment, Partnerships, Net Rental, Net Business, Cash Public Assistance, Unemployment, Workers' Comp, Alimony, Support, Gambling, Gifts and Inheritance (only if over \$300), Death Benefits (only if over \$10,000), Royalties			
6. Total Household Income (Sum 1-5 Above)			

**** SEE BACK OF PAGE FOR SIGNATURE SECTION ****

By signing below, I certify the information provided on this application is true, correct, and complete to the best of my knowledge and belief and this is the only claim filed for this discount by members of my household. I understand that if it is determined the information was not correct, any discounts credited will be reversed and I will be responsible for remitting payment for the balance due. I also understand if I sell my property after applying for and receiving this discount, a pro-rated portion of the credit will be reversed and listed on the utility certification requested by the title company as an item that needs to be addressed at settlement.

Applicant Signature and Date	Spouse Signature and Date
Power of Attorney (please print)	POA Address
POA Signature and Date	POA Phone Number
Preparer Name (if other than the claimant) (please print)	Preparer Address
Preparer Signature and Date	Preparer Phone Number

**** NOTE: Power of Attorney form must be attached if signing for claimant ****

Please mail your completed application to the address below:

**South Whitehall Township
4444 Walbert Ave
Attn: Tricia Dickert
Allentown, PA 18104**

South Whitehall Township reserves the right to ask for documents to support the income listed on the application prior to approval. Please allow 2-4 weeks from the date you submit your application for processing. You will be contacted by the Township when your application has been approved or denied.

To avoid a 10% penalty, please pay the amount billed each quarter (\$165.00) until your application is approved. Once approved, your credit (not to exceed \$120.00 in total) will appear on the quarterly bill that is generated after the credit has been applied.

If you have any questions, please call 610-398-0401, Extension 228.

***** THE SECTION BELOW IS FOR INTERNAL USE ONLY *****

Date Received	Date Reviewed	Reviewed By	Approved/Denied	Contacted Applicant
Notes:				