



26022 Administration Center Dr.  
P.O. Box 400  
Courtland, VA 23837



Phone: 757-653-3015

### AFFIDAVIT FOR SOLID WASTE MANAGEMENT FEE RELIEF

Application for Solid Waste Management Fee Exemption  
For Residents 65 Years of Age or Older or Who are Permanently and Totally Disabled

I do hereby declare that my income and net worth are true and correct to the best of my knowledge and belief. Any person, who knowingly falsely claims an exemption shall be guilty of a misdemeanor and upon conviction thereof, may be punished by a fine not to exceed \$1,000 or confinement in jail not to exceed twelve months or both.

The information required on this application must be filled out in its entirety and returned to the County Administrator, P.O. Box 400, Courtland Virginia, 23837. Applications must be filed by October 15th of the year for which the exemption is applied. Complete all spaces on the application that are applicable. Questions that cannot be answered within the spaces provided may be answered by attaching additional sheets to this application. This exemption is granted on an annual basis and a new application must be filed each year. All information on the application is confidential and not open to public inspection.

\_\_\_\_\_  
Date Signature of Applicant

\_\_\_\_\_  
Date Signature of Spouse

\_\_\_\_\_  
Date Signature of Witness Phone No. \_\_\_\_\_

**The application will be returned if the applicant has not signed and /or the signature has not been witnessed by another adult other than your spouse.** If a person is signing as Power of Attorney, please indicate this and include a copy of the Power of Attorney. Make sure you have completed the application completely.

If you wish to authorize the County Administrator or his staff to discuss the information contained in this application with any person other than you (the applicant) and authorize such person to receive information regarding your eligibility for this program, please complete the section below.

If no one is listed below, the County Administrator or his staff will not be able to disclose the information contained in this application or supporting documentation to any person other than the applicant unless a notarized power of attorney is provided.

I authorize the following individual to receive or discuss confidential information pertaining to this application.

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Address of Contact Person City State Zip

\_\_\_\_\_  
Telephone of Contact Person Email of Contact Person

Please return to: County Administrator  
P. O. Box 400  
Courtland, VA 23837

Applicant: \_\_\_\_\_  
Last Name First Middle

Please check here if applying for first time: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Mo. Day Year Age

Spouse: \_\_\_\_\_  
Last Name First Middle

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Mo. Day Year Age

\_\_\_\_\_  
Mailing Address of Applicant City State Zip

### Do Not Write Below This Line

#### For Office Use Only

<b>Taxable Year</b>	<b>Percentage of Relief Granted:</b> _____%	<b>Fee: \$200.00</b>
<b>Date Received</b>	<b>Value of Relief Granted: \$</b> _____	
<b>Date Issued</b>	<b>Amount to be Paid by Applicant: \$</b> _____	

1. What is the street address of your residence? \_\_\_\_\_

\_\_\_\_\_

2. Is the applicant? 65 or older \_\_\_\_\_ Permanently/Totally Disabled \_\_\_\_\_

3. List the names, relation, ages and social security numbers of all persons related to the applicant who occupy the above dwelling. Do not list relatives with no income.

Name	Relation	Age	Social Security Number

### Gross Income Schedule

Please complete the gross income schedule for the prior calendar year, 20\_\_\_\_. Included in this statement should be the total gross income from all sources of the applicant, spouse and each relative residing in the dwelling.

Gross Income	Applicant	Spouse	Relative 1	Relative 2	Relative 3
Salaries, Wages, Etc.					
Pensions or Retirement					
Social Security					
IRA					
SSI					
Interest					
Dividends					
Rental Income					
Fuel/Coolant Assistance					
Food Stamps					
Trust Fund Income					
All Other Income					
Less Relative Income			\$ (6,000)	\$ (6,000)	\$ (6,000)
Total for Each Column					
<b>Total Gross Combined Income of Applicant, Spouses and Relatives</b>			<b>\$</b>		

If gross income exceeds \$30,000.00, no exemption is allowed.

### Net Worth Schedule

Please complete this schedule of net financial worth as of June 30, 20\_\_\_\_, or as set forth below. Net financial worth is computed by subtracting liabilities from assets and must include all assets, including equitable interest in any real property.

Net Value of Assets	Applicant	Spouse
Real Estate		
Automobiles		
Farm Machinery/Equip		
Savings Account (balance as of 6-30)		
Savings Certificates (balance as of 6-30)		
Checking Account (balance as of 6-30)		
Life Insurance and Annuity		
Property Held in Trust		
Stocks/Bonds		
Other Assets		
Total Assets (Line A)		
<b>Less - Liabilities</b>		
Notes Payable - balance of loans		
Credit Card Balances		
Mortgages Payable/Current Rent Due		
Taxes Paid to Southampton County Prior Year		
All Other Debts		
Total Liabilities (Line B)		
Net Worth (Line A - Line B) = Line C		
Combined Net Worth of Applicant & Spouse (Total both columns of Line C)		

If combined net worth exceeds \$80,000.00, no exemption is allowed.

### Exemption Percentage Schedule

Range of Income	Net Worth Range				
	\$0 - \$16,000	\$16,001 to \$32,000	\$32,001 to \$48,000	\$48,001 - \$64,000	\$64,001 to \$80,000
0 to \$10,000.00	90%	80%	70%	60%	50%
\$10,001.00 to \$15,000.00	80%	70%	60%	50%	40%
\$15,001.00 to \$20,000.00	70%	60%	50%	40%	30%
\$20,001.00 to \$25,000.00	60%	50%	40%	30%	20%
\$25,001.00 to \$30,000.00	50%	40%	30%	20%	10%