

**OFFICE OF
PIKE COUNTY COMMISSION
P O BOX 1147
TROY, AL 36081
(334) 566-6374**

As pursuant to Section 22-27-3(a)(3), Alabama Code (1975, as amended) any household whose sole source of income is derived from Social Security Benefits shall be granted an exemption from the payment of any fees required under this article, provided the household is seeking to claim exemption shall present proof of income to the County Compliance Officer. **The exemption shall apply only so long as the household's source(s) of income qualifies and shall be requested each year in which the exemption is desired.**

Each year, the Pike County Commission Office will be mailing out the attached forms to be completed for the re-certification from exemption of solid waste fees, as per the Alabama law.

ALL HIGHLIGHTED AREAS on these forms **MUST** be completed and returned to our office.

ALL paperwork **MUST** be turned in at the same time. **INCOMPLETE PAPERWORK WILL NOT BE ACCEPTED.** Anyone that is already exempt, will remain active through December 31, 2025.

Please complete the enclosed forms and return them, along with the required proof of income to:

**Pike County Commission Office
P O Box 1147
Troy, AL 36081**

If you have any questions, please contact Brayton Hughes at (334) 566-6374 or by email at bhughes@pikecommission.com. We are available during our normal business hours, Monday-Friday, 8:00am-5:00pm.

**APPLICATION FOR SOCIAL SECURITY EXEMPTION
FROM SOLID WASTE COLLECTION FEES**

FOR OFFICE USE:
ACCOUNT#
CAN#

Name _____ Age _____ Date of Birth _____

Phone Number _____

Street Address _____ City _____ Zip Code _____

Mailing Address if different from above _____

Number of people in household _____ Please list the Name and Date of Birth:

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

Please state the **COMBINED GROSS MONTHLY INCOME** of the household \$ _____ Is any member of the household employed? _____ If yes, state who works, place of employment, and gross monthly income of each person working: _____

Please indicate all sources of income in the household and the amount from each source:

Social Security or SSI \$ _____ House member receiving _____

Veteran's Benefits \$ _____ House member receiving _____

Retirement/ Annuities \$ _____ House member receiving _____

Food Stamps \$ _____ House member receiving _____

Savings Account Interest \$ _____ House member receiving _____

Child Support/ Alimony \$ _____ House member receiving _____

Rental Income \$ _____ House member receiving _____

Investments \$ _____ House member receiving _____

Other Income \$ _____ House member receiving _____

If other, please identify the source and the amount _____

In order to obtain an exemption from the solid waste collection fee on grounds that the household's sole source of income is Social Security, you must provide proof of the household's income. Please provide copies of the following where applicable:

- The most recent benefit statement or award letter received.
- Proof of any other government benefits received in the household (i.e., veteran benefits, AFDC, food stamps, etc.)
- Last three (3) bank statements of all accounts of each member of the household to include Checking, Savings, CD's, IRA's, etc.

AFFIDAVIT: I am a resident of Pike County, Alabama and I hereby, under oath, certify to the County Commission that my **SOLE** income and the **SOLE** income of my household is derived from **SOCIAL SECURITY BENEFITS**. Neither I, nor any member of my household, receives interest income, rental income, retirement income, AFDC, VA Benefits or Income from any other nature other than **SOCIAL SECURITY BENEFITS**. I am making this **AFFIDAVIT** under oath for the purpose of obtaining free Solid Waste Service through Pike County and any false statement will subject me to the penalties as provided by law. I authorize the Pike County Commission Office to obtain any information concerning my income from any source, to include but not limited to; financial institutions, Dept. of Human Resources, ASCS Office and any other person or institution that I might do business with. I agree to immediately notify the Pike County Commission if I begin to receive any other form of income. Should I receive any other form of income, I will immediately become **LIABLE** for Solid Waste disposal fees and agree to pay any fees incurred between the time period my income disqualifies me and I notify the Pike County Commission Office.

Applicant's Printed Name

Applicant's Signature

Approved: _____ Denied: _____

Pike County Commission

The information you have given me is the whole truth, nothing but the truth, so help you God.

Sworn to and subscribed before me this
_____ day of _____, _____

Notary Public, Commission expires _____