



# City of Richmond Department of Public Works APPLICATION FOR RENTER EXEMPTION FROM SOLID WASTE & RECYCLING FEES

**UPDATED JUNE 2018**

Name:

Parcel ID # or Address:

## ELIGIBILITY REQUIREMENTS AND IMPORTANT INFORMATION

### *For Applicants Seeking Relief Because of Permanent and Total Disability:*

- The applicant must be permanently and totally disabled as of the time of application. Certified proof of disability must be provided. Acceptable types of proof include a statement from Social Security Administration or a sworn affidavit by two medical doctors licensed to practice medicine in the Commonwealth of Virginia to the effect that the person is permanently and totally disabled.

### *For All Applicants:*

- The applicant must be **at least 65 years old** or **permanently and totally disabled** at the time of application.
- The applicant **must have entered into a legitimate lease of at least 12 months' duration** at the time of application.
- The leased unit must be the applicant's **sole residence and have a current certificate of occupancy issued by the City**.
- The water services account for the leased unit **must be listed in the individual's name for utility billing purposes**, and the water meter must serve only the individual's residence.
- Gross combined income of applicant(s), the spouse, and relatives living in the unit cannot exceed **\$50,000**.
- Combined financial worth (assets) of the applicant and spouse may not exceed **\$200,000**.
- Individuals granted exemptions must **recertify their eligibility by March 15** of each succeeding year.
- Any exemption granted **shall not be transferable** to subsequent tenants of the leased unit or other subsequent water service users at the particular address.
- The exemption **shall immediately become void if** the individual to whom the exemption was granted no longer resides at the leased unit listed on the application for exemption or if the individual, in any other respect, no longer satisfies the conditions upon which the exemption was granted.



APPLICATION CHECKLIST

- 1. Answer all questions and fill in spaces. If a question does not apply to you, write in "NONE", or "N/A".
2. Sign the affidavit on page 4. If a person is signing for the applicant as Power-of-Attorney, please indicate this and include a copy of the Power-of-Attorney.
3. Ensure that the application is signed and dated. Without a valid signature the application is considered as incomplete.

Please check the type of exemption for which you are applying: [ ] Elderly [ ] Disabled

APPLICANT: Last Name First Middle Birth Date (MM/DD/YY) Social Security Number Telephone

SPOUSE (if applicable): Last Name First Middle Birth Date (MM/DD/YY) Social Security Number Telephone

NAME UNDER WHICH PROPERTY IS LISTED AND APPEARS ON THE TAX BILL: Last Name First Middle Street Address of Property

Is this dwelling occupied by the applicant as his/her sole dwelling? [ ] YES [ ] NO

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INCOME: NET WORTH:



List the name, relationship, age and social security number of each relative other than the applicant(s) who occupies the dwelling for which the exemption is being sought.

Name	Relationship	Age	Social Security Number

Enter the **gross income before deductions from all sources, as of December 31 of the preceding year** of the applicant, spouse, and all other relatives living in the dwelling. *List each person's income separately.* Use additional sheets if necessary.

**COPIES OF PROOF OF ALL INCOME MUST BE FURNISHED.**

GROSS INCOME	DOCUMENTATION	APPLICANT	SPOUSE	RELATIVE
Salaries, Wages, etc.	W-2, 1099	\$	\$	\$
Pensions	1099-R	\$	\$	\$
Social Security	SSA-1099	\$	\$	\$
Interest Received	1099-INT	\$	\$	\$
Dividends Earned	1099-DIV	\$	\$	\$
Rents (Received)	Schedule E	\$	\$	\$
Public Assistance	Cola Notice	\$	\$	\$
Child Support		\$	\$	\$
Alimony		\$	\$	\$
Gifts Received (Written Statement)		\$	\$	\$
Capital Gains	Schedule D	\$	\$	\$
Business Income	Schedule C, F	\$	\$	\$
Other Sources (Written Statement)		\$	\$	\$
Subtotal		\$	\$	\$
<b>DEDUCT \$10,000 FROM EACH <u>RELATIVE'S</u> TOTAL INCOME</b>				<b>\$ (\$10,000 each)</b>
<b>TOTAL</b>				<b>\$</b>
<b>TOTAL Gross Combined Income of the Applicant, Spouse, Co-Owner &amp; Others</b>				<b>\$</b>

**IF THE ABOVE TOTAL EXCEEDS \$50,000 YOU DO NOT QUALIFY.**

Please complete the following statement of net financial worth, as of December 31<sup>st</sup> of the preceding year, for the applicant and their spouse. Use additional sheets if necessary. *Where there is nothing to report, enter "0."*



**COPIES OF PROOF OF ASSETS MUST BE FURNISHED.**

VALUE OF ASSETS AS OF DECEMBER 31	DOCUMENTATION	APPLICANT	SPOUSE/RELATIVES
Real Estate (In Richmond, other than residence)	Assessment	\$	\$
Real Estate (Outside of Richmond)	Assessment	\$	\$
Personal Property (Auto)	Registration Card	\$	\$
Savings Account(s)	Account Statement	\$	\$
Checking Account(s)/Money Market Accounts	Account Statement	\$	\$
Stocks, Mutual Funds & Bonds	Account Statement	\$	\$
IRA's, Thrift Accounts, Annuities & 401K Plans	Account Statement	\$	\$
Life Insurance (Cash Value)	Account Statement	\$	\$
Certificates of Deposit	Account Statement	\$	\$
Other Assets (Mortgages, Burial Plots, etc.)	Written Statement	\$	\$
<b>Total</b>		\$	\$
<b>Total Combined Value of Assets of Applicant and Spouse/Co-Owner</b>			\$

**IF THIS TOTAL EXCEEDS \$200,000  YOU DO NOT QUALIFY THIS YEAR.**

**Renter Certification**

I certify, under the penalties provided by law, that this application for Renter Exemption from Landfill and Recycling Fees for the Elderly or Permanently Disabled, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct and complete.

**Any person(s) falsely claiming this exemption shall be guilty of a misdemeanor. Any person(s) convicted of falsely claiming such exemption shall be punished by either a fine not exceeding one thousand dollars (\$1,000) or confinement in jail not exceeding twelve (12) months, or both.**

Applicant's Signature	Date
Spouse's Signature (if applicable)	Date

**Mail Application to:**

**City of Richmond Department of Public works  
Solid Waste Management  
1654 Commerce Road  
Richmond, VA 23224  
Fax: (804) 646-1796**