

# CITY OF EAST LIVERPOOL

## RESIDENTIAL REFUSE ADJUSTED RATE APPLICATION

### THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

**The applicant must provide all information requested. If the applicant fails to meet the requirements or is not able to provide the requesting information listed on this application, the application will not be accepted nor will the application be submitted to the Service Safety Director for approval/denial. It is the applicant's responsibility to provide all information to the Service Safety Director at the time the application is submitted.**

1. In order for a resident to be eligible all the following must apply:
  - a. The applicant must be a resident of the City of East Liverpool and the home must be located inside City limits.
  - b. Must be 65 years old during the year which he/she is filing, or be permanently or totally disabled.
  - c. Must own and occupy the home as principal place of residence, effective January 1 of the filing year.
  - d. Yearly household income must not exceed twelve thousand five hundred and 00/100 dollars (\$12,500.00)
  - e. The applicant must meet the requirements as listed in Ordinance NO. 65, 2019 passed on in **Section 933.12 (d)**.

**Section 933.12 (d)** The occupant shall be responsible for following the instructions imprinted on the container regarding cautions and upkeep of the container. Monthly rates are listed below.

- (1) Standard rate- \$22.90
- (2) Adjusted rate- \$15.90

These rates include the use of the bulk pick up collection only if the refuse charges are paid to date on the water bill.

To be eligible for the adjusted rate, a person shall be sixty-five years of age or older, or be permanently and totally disabled; be considered to be the head of the household; have a gross family income not exceeding twelve thousand and 00/100 dollars (\$12,000.00) per year; and be a resident of the dwelling. Prior year's income tax return (first page of Federal Income Tax form) and valid photo ID will be required when submitting the Residential Refuse Adjusted Rate Application. The Residential Refuse Adjusted Rate Application will be approved or denied by the Service-Safety Director. The Service-Safety Director holds the right to cancel any applicants adjusted rate at any time.

2. A surviving spouse of a deceased person, who qualified for the Residential Adjusted Rate, may also qualify if the following requirements are met:
  - a. Must be a surviving spouse of a deceased person who was permanently disabled or at least 65 years of age, and who applied and qualified for the Residential Refuse Adjusted Rate in the year of his/her death;
  - b. Spouse must be at least 59 years old on the date the decedent's death; and
  - c. Meet all Residential Adjusted Rate application requirements listed above in number one (1).

**PROCEDURE:** The adjusted rate is not automatic even if the applicant meets the above-referenced requirements, to qualify, it is necessary to:

- a. Complete the Residential Adjusted Rate Application and file it annually with the Service Safety Director's office
- b. Show proof of income (e.g. first page of Federal Tax Form); and
- c. Show proof of age (e.g. valid driver's license, photo ID or births certificate)

**PENALTY:** Any person who is convicted of willfully falsifying information to obtain an assessed value adjustment, or failing to report any changes in income, ownership, disability, or other relevant information on a timely filed application, shall result in ineligibility for a period of three years.

**TERMS & CONDITIONS:** If the applicant is denied the Residential Refuse Adjusted Rate, the applicant shall NOT be eligible to apply until Jan. 1 of the following year unless the applicant's household income has changed, the applicant has become permanently and totally disable, or if the applicant has reached at least 65 years of age and meets all requirements described in the application process. The adjusted rate cannot and will not be pro-rated for any reason. The Service Safety Director will not provide approval letters to applicants. The applicant will only receive a copy of the application if it is denied. If and when the application is approved, the Service Safety Director will submit the approval to the Water Department. The Water Department will then make the adjustment on the following months billing statement. The adjusted rate is not based on the date the applicant returns the application to the Service Safety Director's office and will reflect on the Water Department's invoice the month after the Water Department has been notified of the approval. The adjusted rate will be applied on a month-to-month basis and can be canceled at any time by the Service Safety Director without notifying the applicant. **The Service Safety Director's decision can not be challenged for any reason.**

If you should have any questions regarding the application or the process, please feel free to contact the Service Safety Director's office at (330) 386-6584.



**APPLICANT INFORMATION**

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Annual Household Income \_\_\_\_\_

How long have you owned and occupied the residence? \_\_\_\_\_

Is the residence a single family home? \_\_\_\_\_ How many occupants? \_\_\_\_\_

How many bags of household waste do you have for collection weekly? \_\_\_\_\_

**DO NOT COMPLETE THE BOTTOM PORTION OF THE APPLICATION  
THIS SECTION TO BE COMPLETED BY THE SERVICE SAFETY DIRECTOR ONLY**

DATE APPLICATION WAS APPROVED \_\_\_\_\_

APPLICATION APPROVED \_\_\_\_\_

APPLICATION DENIED \_\_\_\_\_

REASON FOR DENIAL

APPLICANT FAILED TO SUBMIT ALL THE INFORMATION REQUIRED \_\_\_\_\_

APPLICANT DOES NOT MEET ALL THE REQUIREMENTS \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_