

## **HARDSHIP GUIDELINES FOR CLAY COUNTY**

I. **PURPOSE:** to provide a method of obtaining relief from charges assessed for solid waste management under Ordinance 92-26 and Resolution 92/93-15 for Clay County residents in unincorporated areas who are economically **disadvantaged** and unable to pay the charges assessed without experiencing additional direct or indirect hardship or threat of property loss.

II. **DEFINITION:** (Black's Law Dictionary, Fifth Edition, West Publishing Co.)

A. **EXEMPTION:** Immunity from a general burden, tax, or charge.

### III. ELIGIBILITY AND INCOME GUIDELINES

A. Clay County residents eligible for an exemption from paying the fee assessed for solid waste management:

1. Individuals categorically eligible on the basis of receipt of, or eligibility for, public benefits based on need such as Food Stamps, Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), Medicaid, Medically Needy, or non-service connected Veteran's Administration benefits, or
2. Persons with low incomes who are:
  - a. Elderly (Age 65 or older) or disabled (more than 50%) individuals whose incomes do not exceed 150% of the current federal poverty guideline adjustments for family size;
  - b. Other individuals whose income does not exceed 125% of the current federal poverty guideline adjusted for family size;
  - c. Other persons whose income exceeds 150% of the federal poverty guideline adjusted for family size, but who can demonstrate hardship by the diminishment of income to or below the 150% federal poverty guideline, adjusted for family size, for reasons beyond their control such as unusual medical expenses, natural disaster or catastrophe to person or home, or loss of employment.

### IV. ASSET GUIDELINES

A. Couple: Assets are limited to \$6000.

B. Single Individual: Assets are limited to \$5000.

C. Exclusions: The following assets are excluded in determining eligibility;

1. One motor vehicle.
2. All equipment, supplies, appliances, or other items needed for the medical maintenance of a household member.
3. Equity in owner occupied home.

## V. PROCEDURE

A. Application for Hardship Exemption of fee or charge

1. Exemption will be only for the current year Solid Waste Assessment. Guidelines will be re-evaluated for each year's Solid Waste Assessment.
2. Application forms for hardship exemption may be requested in writing or orally, in person or by telephone, from the person designated by the Board of County Commissioners, at any time during normal business hours.
3. Application forms for hardship exemption should be initiated by the specific individual affected. A substitute may make the request when the applicant is prevented personally from doing so by good cause such as age, illness, disability, or illiteracy. Applications may be submitted personally or by U.S. Mail.
4. Applicant is allowed a reasonable time, in any case not more than 60 days, to obtain and submit verification of eligibility for hardship exemption. Consideration period (60 days begins upon mailing of assessment notification)
5. Determination of eligibility for a hardship exemption will be made within 30 days. The applicant will receive a copy of the County's written determination by U.S. Mail.

<b>FINANCIAL STATUS REPORT</b> (Type or print all entries. If more space is needed for any item, continue under Section VIII, Remarks, or attach separate sheet.)	1. PROPERTY OWNER'S SOCIAL SECURITY NO.	2. PARCEL NO.
	3. BRIEF LEGAL DESCRIPTION OF PROPERTY	

**PURPOSE:** The purpose of this form is to furnish information necessary for Clay County to adjudicate hardship assistance in the payment of Solid Waste Disposal and Collection Assessments. Persons filling out and signing this form do so under oath and acknowledge and understand that the law provides severe penalties for the willful submission of any statement of evidence of a material fact, knowing it to be false. Countable income, as defined by the County, may be in the form of wages, tips, retirement, Social Security, VA Pension, IRA's CD's, bank accounts, equity in property, stocks, bonds, mutual funds, dividends, interest, investment property, etc.

**REPRESENTATION:** If unable to complete the request due to incapacitation, disability, educational impairments, etc., the Owner may designate, in writing, a representative to act in his/her behalf. A person having knowledge of the facts may declare himself/herself a representative if the Owner/requester is incapable of doing so.

**NOTE:** Upon receipt, all information and documents received by Clay County are subject to reverification and become a matter of public record.

**DOCUMENTS REQUIRED:** The following documents will be attached to and become a permanent part of this application: 1. Most recent Federal Income Tax Return of Property Owner and all persons residing thereon; 2. Most recent Social Security Benefit Statement - Form SSA-1099; 3. Veteran Administration Award Letter (if applicable); 4. Copy of Tax Bill showing Solid Waste Disposal and Collection Assessment charges; 5. Two most recent banking/savings account statements. 6. Statement explaining the absence of any supporting documents must be attached. Applications received without required information will not, repeat, will not be processed.

**NOTE:** The County shall, if deemed necessary, require other documents to substantiate a specific claim, e.g. copies of paid medical bills, etc.

### SECTION I - PERSONAL DATA

4. FIRST - MIDDLE - LAST NAME OF PROPERTY OWNER		5. ADDRESS (Number and street, city, state and zip code.) If different from assessed property, explain why in block 43.	
6. TELEPHONE NO.		HOMESTEAD EXEMPTION: <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain in block 43	
7. NAME OF SPOUSE		8. AGE(S) OF OTHER DEPENDENTS LIVING AT HOME	
9. DATE OF BIRTH	10. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		

### COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS

11. YOUR EMPLOYMENT EXPERIENCE (Start with your present position and work back 2 years). Attach separate sheets if necessary.			
KIND OF JOB (Mechanic, stenographer, etc.)	DATES (MONTH, YEAR)		NAME AND ADDRESS OF EMPLOYER
	From	To	
12. YOUR SPOUSE'S EMPLOYMENT EXPERIENCE (Start with your present position and work back 2 years). Attach separate sheets if necessary.			
KIND OF JOB (Mechanic, stenographer, etc.)	DATES (MONTH, YEAR)		NAME AND ADDRESS OF EMPLOYER
	From	To	

Continue to Section II

SECTION II - INCOME			SECTION III - EXPENSES	
AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES	AMOUNT
13. MONTHLY GROSS SALARY (Before payroll deductions)	\$	\$	18. MORTGAGE PAYMENT	
PAYROLL DEDUCTIONS			19. FOOD	
14A. FEDERAL, STATE AND LOCAL TAXES			20. ELECTRIC	
14B. RETIREMENT			21. WATER	
14C. SOCIAL SECURITY			22. TELEPHONE	
14D. OTHER (Specify)			23. INSURANCE (Not included in 14D)	
14E. TOTAL DEDUCTIONS (Lines 14A through 14D)			24. MEDICAL (Nonreimbursable)	
15. NET TAKE HOME PAY (Subtract line 14E from 13)			25. OTHER LIVING EXPENSES	
16. PENSION, COMPENSATION, OR OTHER INCOME (SPECIFY)  Retirement/Pension Social Security			26. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (From Section VI, Col. C)	
17. TOTAL MONTHLY NET INCOME (Line 15 plus Line 16)			27. TOTAL MONTHLY EXPENSES (Lines 18 through 26)	

#### SECTION IV - SUMMARY

28A. COMBINED MONTHLY NET INCOME (Line 17, total for self plus total for spouse)		29. HOW MUCH OF THE BALANCE IN LINE 28C CAN YOU APPLY TO YOUR SOLID WASTE ASSESSMENTS?
28B. TOTAL MONTHLY EXPENSES (From Line 27)		30. IF TOTAL MONTHLY EXPENSES EXCEED MONTHLY INCOME, HOW DO YOU PAY THE DIFFERENCE?
28C. BALANCE (Subtract Line 28b from 28a)		30A. IF APPROVED, I ELECT TO PROVIDE SERVICES IN KIND TO THE COUNTY  <input type="checkbox"/> YES <input type="checkbox"/> NO

#### SECTION V - ASSETS

31. CASH IN BANK (Checking accounts, building and loan accounts, etc.)		36. U.S. SAVINGS BONDS (Current Value)	
32. CASH ON HAND		37. STOCKS AND OTHER BONDS (Current Value)	
33. FURNITURE AND HOUSEHOLD GOODS (Resale Value)		38. REAL ESTATE OWNED OTHER THAN PRINCIPLE RESIDENCE (Equity)	
34. AUTOMOBILES (Resale Value)		39. OTHER ASSETS	
MAKE	MODEL	YEAR	
35. TRAILERS, BOATS, CAMPERS (Resale Value)		<b>40. TOTAL ASSETS</b>	

CONTINUE TO INSTALLMENT CONTRACTS AND OTHER DEBTS

**SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS**

(Show here ALL debts which you are required to pay in regular monthly installments, such as car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. DO NOT include living expenses.)

NAME AND ADDRESS OF CREDITOR (A)	UNPAID BALANCE (B)	AMOUNT DUE MONTHLY (C)	AMOUNT PAST DUE (If any) (D)
41A.			\$
41B.			
41C.			
41D.			
41E.			
<b>41F. TOTAL</b>			

NOTE: If repayment of a debt is not on a monthly basis, write "0" in column C and describe arrangements to repay in "REMARKS".

**SECTION VII - ADDITIONAL DATA**

42A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete 42B through 42D)	42B. DATE DISCHARGED FROM BANKRUPTCY	42C. LOCATION OF COURT (City and State)	42D. DOCKET NO., IF KNOWN
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43. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY OTHER PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEMS, INDICATE ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY.

**SECTION IX - CERTIFICATIONS**

I (WE) AFFIRM that the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief.

44A. YOUR SIGNATURE	44B. DATE	44C. SIGNATURE OF SPOUSE	44D. DATE
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**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.