

Renewal Application

**TOWN OF DARTMOUTH
DEPARTMENT OF PUBLIC WORKS**



*Department Use Only
Time Stamp*

**APPLICATION
PAY-AS-YOU-THROW SENIOR CITIZEN DISCOUNT
Fiscal Year 2012**

***THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
Must be completed and submitted to the Board of Public Works within 30 days of billing date.***

INSTRUCTIONS: Complete all sections fully. Please print or type.

A. IDENTIFICATION:

Name of applicant: _____ Social Security No. ____/____/____
(optional)

Marital Status : _____ Date of Birth: ____/____/____ (If first year of application, please attach copy of birth certificate).

Number of persons living in household: _____

Legal residence (domicile) on July 1, 2011, _____

Mailing address (if different) _____ Telephone #: (____) ____ - _____

Location of property: _____ No. of dwelling units _____

Did you own and occupy the property as your domicile on July 1, 2011, and for the prior 10 years? yes no
If no, list the other properties you owned and/or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR FOR ALL MEMBERS OF HOUSEHOLD (Copies of your and other household members' federal and state income tax returns may be requested to verify your income.)

Retirement Benefits (Social Security, Railroad, Federal, Mass, and Political Subdivisions.....)	\$ _____
Other Pensions and Retirement Allowances.....	\$ _____
Wages, Salaries, and Other Compensations.....	\$ _____
Net Profits from Business or Profession.....	\$ _____
Interests and Dividends.....	\$ _____
Other Receipts (Rent, Capital Gains, etc.).....	\$ _____
TOTALS	\$ _____

C. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

_____/_____/_____
Your Signature Date

If signed by agent, attach a copy of written authorization to sign on behalf of taxpayer.

PLEASE DO NOT WRITE BELOW THIS LINE

DISPOSITION OF APPLICATION (BOARD OF PUBLIC WORKS USE ONLY)

Ownership GRANTED BOARD OF PUBLIC WORKS
 Occupancy DENIED _____
 Age Date: ____/____/____ _____
 Income _____

You may be eligible to a Senior Citizen Discount of the Town of Dartmouth Pay-As-You-Throw Base Rate if you own and occupy your domicile and meet a certain age and income qualifications.

WHO MAY FILE AN APPLICATION: You may file an application if as of July first you:

- Are 65 years of age or older,
- Owned and occupied the property as your domicile,
- Owned and occupied any property in Massachusetts as your domicile for at least 5 years,
- Lived in Massachusetts for at least the prior 10 years, and
- Have an annual combined household income not more than the locally adopted income limit. (please see chart below)

WHEN AND WHERE APPLICATIONS MUST BE FILED: Your application must be completed and submitted to the Board of Public Works at 759 Russells Mills Road within 30 days of the bill date to be considered. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE BOARD OF PUBLIC WORKS FOR ANY REASON. AN APPLICATION IS FILED WHEN RECEIVED BY THE BOARD OF PUBLIC WORKS.**

PAYMENT OF PAY-AS-YOU-THROW BASE RATE: Filing an application does not stay the collection of the Pay-As-You-Throw Base Rate. Failure to pay the base rate when due may also subject you to interest charges and collection action. To avoid additional charges, you should pay the base rate as assessed. If a senior citizen discount is granted and you have already paid the entire base rate, you will receive a refund of any overpayment.

BOARD OF PUBLIC WORKS DISPOSITION: Upon applying for a senior citizen discount, you may be required to provide the Board of Public Works with further information and supporting documents to establish your eligibility. The Board has 30 days from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the Board does not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether or not a senior citizen discount is approved.

U.S. DEPARTMENT OF HUD STATE of MASSACHUSETTS 2010 Adjusted Home Income Limits New Bedford, MA HUD Metro FMR Area							
VERY LOW INCOME							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$24,400	\$27,850	\$31,350	\$34,800	\$37,600	\$40,400	\$43,200	\$45,950