

# APPLICATION FOR EXEMPTION FROM THE CITY OF LEEDS SOLID WASTE COLLECTION FEES

1400 9th St-LEEDS, AL 35094 P 205.699.2585 F.205.699.6558

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|   |                                    |   |               |
|---|------------------------------------|---|---------------|
| APPLICANT NAME:   | AGE:                               | DATE OF BIRTH:                          |               |
| SOCIAL SECURITY NUMBER:   |                                    | TELEPHONE NUMBER:                       |               |
| MOBILE NUMBER:  |                                    | E-MAIL:                                 |               |
| PHYSICAL ADDRESS:   | CITY:                              | ZIP:                                    |               |
| MAILING ADDRESS (IF DIFFERENT)  | CITY:                              | ZIP:                                    |               |
| IS THIS ADDRESS IN THE CITY OF LEEDS?   | WHAT COUNTY?                       |   |               |
| DO YOU OWN OR RENT?   | NUMBER OF INDIVIDUAL IN HOUSEHOLD? |   |               |
| PLEASE LIST THE NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER AND YOUR RELATIONSHIP WITH EACH HOUSEHOLD MEMBER: |                                    |   |               |
| NAME:   | DOB:                               | SSN:                                    | RELATIONSHIP: |
| NAME:   | DOB:                               | SSN:                                    | RELATIONSHIP: |
| NAME:   | DOB:                               | SSN:                                    | RELATIONSHIP: |
| NAME:   | DOB:                               | SSN:                                    | RELATIONSHIP: |
| PLEASE STATE THE COMBINED GROSS MONTHLY INCOME OF THE HOUSEHOLD:  |                                    | IS ANY MEMBER OF THE HOUSHOLD EMPLOYED? |               |
| PLEASE INDICATE ALL SOURCES OF INCOME IN THE HOUSEHOLD AND THE AMOUNTS FROM EACH SOURCE:                      |                                    |   |               |
| SOCIAL SECURITY OR SSI  | AMOUNT                             | HOUSE MEMBER RECEIVING:                 |               |
| VETERAN'S BENEFITS  | AMOUNT                             | HOUSE MEMBER RECEIVING:                 |               |
| RETIREMENT ANNUITIES  | AMOUNT                             | HOUSE MEMBER RECEIVING:                 |               |
| FOOD STAMPS   | AMOUNT                             | HOUSE MEMBER RECEIVING:                 |               |
| CHILD SUPPORT/ALIMONY   | AMOUNT                             | HOUSE MEMBER RECEIVING:                 |               |
| RENTAL INCOME   | AMOUNT                             | HOUSE MEMBER RECEIVING:                 |               |

|  |         |                         |
|--|---------|-------------------------|
| INVESTMENTS  | AMOUNT  | HOUSE MEMBER RECEIVING: |
| INTEREST INCOMES   | AMONT   | HOUSE MEMBER RECEIVING: |
| OTHER  | AMOUNT  | HOUSE MEMBER RECEIVING: |
| IF OTHER, PLEASE IDENTIFY THE SOURCE AND THE AMOUNT:   |         |                         |
| PLEASE PROVIDE <u>COPIES</u> OF ANY THE FOLLOWING:   |         |                         |
| THE LAST THREE (3) SOCIAL SECURITY CHECKS RECEIVED IN THE HOUSEHOLD  |         |                         |
| THE LAST 3 BANK STATEMENTS OF EACH MEMBER OF THE HOUSEHOLD WHO HAS A CHECKING OR SAVINGS ACCOUNT.  |         |                         |
| LAST YEAR'S STATE AND FEDERAL TAX RETURN FOR EACH MEMBER OF THE HOUSEHOLD WHO FILED A STATE OR FEDERAL RETURN  |         |                         |
| DID YOU RECIEVE AN EXEMPTION FROMTHE SOLID WASTE COLLECTION FOR LAST YEAR?   |         |                         |
| PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION PROVING SSI INCOME IN THE HOUSEHOLD:   |         |                         |
| <p><b>I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that I am required by law to provide this information in order to obtain an exemption on the grounds that the household's sole source of income is social security; I give permission for the City of Leeds or its designee to investigate any of the above information. I understand that I may be subject to statutory penalties if I knowingly provide false or misleading information in order to obtain an exemption from the payment of solid waste collection fees. I also understand that any exemption granted is only available as long as my household's situation qualifies for the exemption and that I will have to re-apply every calendar year.</b></p> |         |                         |
| SIGNATURE OF APPLICANT:  | DATE:   |                         |
| PRINTED NAME:  |         |                         |
| WITNESS  | WITNESS |                         |

**City of Leeds**  
**ORDINANCE NO.: 2015-03-01**

**AN ORDINANCE AMENDING & SUPPLEMENTING ORDINANCE 2014-10-01 TO  
IMPLEMENT SPECIFIC POLICY ALLOWING FOR SOLID WASTE INCOME  
EXEMPTIONS AND CERTIFICATES OF EXCEPTION.**

**WHEREAS**, State law provides an exemption from paying for household garbage collection service if Social Security is the only source of income for a household; and

**WHEREAS**, the State of Alabama Solid Waste Act requires exemption applicants to petition their respective county health departments in order to obtain such a certificate of exemption; and

**WHEREAS**, the Shelby, St. Clair & the Jefferson County Health Departments have rejected the City's inquiry to perform the exemption verification requirements pursuant to § 22-27-3 Code of AL 1975; and

**WHEREAS**, it is incumbent upon the City to offer its citizens an opportunity to be exempt from the mandatory fees associated with the City's Solid Waste System of Services in the event that certain requisite exemption qualifications exist; and

**WHEREAS**, the City, pursuant to Ordinance 2014-10-01, previously provided specific authorization to allow for exemptions and certificates of exception to the City's Solid Waste System of Services; and

**WHEREAS**, the City, pursuant to Resolution 2015-01-04, further explained and implemented requirements related to the City's Solid Waste System of Services; and

**WHEREAS**, even considering the City's previous authorizations, in order to provide said opportunity for exemption or certificates of exception without the assistance of the respective County Health Departments as referenced in the Solid Waste Act, it is recommended that the City find it necessary and authorize said specific exemption policies via ordinance.

**NOW, THEREFORE, BE IT ORDAINED** by the City Council of the City of Leeds, Alabama, that the Code of Ordinances of the City of Leeds be amended and or supplemented, as follows:

1. The Recitals above are hereby considered to be true and correct and included and adopted herein this Ordinance as if fully set forth.
2. Income Exemption Policy:
  - a. Any household whose sole source of income is Social Security benefits, including interest on savings accounts, retirement, alimony, part time employment and investments, shall, upon approval, be granted an exemption from the payment of any fees required under the City of Leeds Solid Waste System of Services provided, however, that the household seeking to claim the exemption shall first do the following:

- a. Any household whose sole source of income is Social Security benefits, including interest on savings accounts, retirement, alimony, part time employment and investments, shall, upon approval, be granted an exemption from the payment of any fees required under the City of Leeds Solid Waste System of Services provided, however, that the household seeking to claim the exemption shall first do the following:
    - i. Fully complete a City Application for Exemption; and
    - ii. Provide all necessary documentation in support of the Application; and
    - iii. Present proper proof that the sole source of household income is Social Security benefits
    - iv. The requested proof of income documentation (e.g. official verification of Social Security benefits and IRS tax returns) shall be provided to the appropriate City department or official no later than the first billing date of any year in which the exemption is desired; and
    - v. Provide the name, age, occupation and annual income for each and every person living in their household as well as their relationship to that person.
  - b. Any outstanding and/or delinquent balance incurred prior to the exemption approval date shall not be exempt from the assessment and/or collection procedures described herein.
  - c. All information provided shall be validated before an exemption is granted.
  - d. Approved exemptions shall be valid only for the current calendar year, and all exemptions shall be subject to annual re-application and renewal.
  - e. The exemption shall apply only so long as the household's sole source of income is Social Security Benefits.
  - f. Any exemption allowed herein does not take effect until approved by the appropriate city official or employee as designated by the Mayor.
3. Certificate of Exception Policy:
- a. A person, household, business, industry, or any property owner may store, haul, and dispose of his or her own solid wastes on his or her land or otherwise, provided such storage, haulage, or disposal is accomplished pursuant to a certificate of exception as provided by the City according to this Subsection.
  - b. In order to obtain a certificate of exception, an application, an application fee and plan must be filed with the appropriate City employee or official in the case of household solid waste, or with the Alabama Department of Environmental Management in the case of solid waste from business or industry, setting out the proposed method of storing, hauling and disposing of solid waste so as to comply with any applicable rules and regulations and not create a public nuisance or hazard to the public health.
  - c. The household certification of exception application fee shall be set forth in the City Fee Schedule and shall not exceed \$10.00 per application.

- d. The appropriate City employee or official as designated by the Mayor shall investigate such application and requisite plan and make a recommendation as to whether or not such proposal will, in such officer's or designee's opinion, comply with such rules and regulations and adequately prevent a public nuisance or hazard to the public health.
  - e. Such official or employee shall provide notification to the municipal governing body in writing of the intention to grant a certificate of exception, and no such certificate of exception shall be granted for an individual household without prior written approval of the City Council.
  - f. A certificate of exception granted under this authority shall be valid for a period not to exceed one year.
  - g. No exception, exception fee, or any other review, approval or payment shall be required of any generator for the collection, handling or disposal of its own solid waste using facilities or equipment owned by the generator, its corporate parent, affiliate or subsidiary and duly permitted for such use by the state department of environmental management or its successor in function.
4. Providing false information shall be considered a violation of this Ordinance, and any person found guilty of such violation shall be guilty of a misdemeanor and penalized as provided by the City of Leeds Code of Ordinances.
  5. The Mayor and the City staff shall have all necessary authority and approval to effectuate and fully carry out the actions and functions so authorized herein.
  6. If any provision of this Ordinance shall be held invalid or unenforceable then the validity, legality and enforceability of the remaining provisions shall not be affected thereby.
  7. This Ordinance shall become effective as provided by law after passage, approval and publication.

ORDAINED, ADOPTED and APPROVED this the 16th day of March, 2015.

**CITY OF LEEDS, ALABAMA**

  
 \_\_\_\_\_  
**DAVID MILLER, MAYOR**

March 16, 2015  
 \_\_\_\_\_  
**DATE**

**ATTEST:**  
  
 \_\_\_\_\_  
**KEVIN FOUTS, CITY CLERK**

|                            |          |
|----------------------------|----------|
| <b>AYES:</b>               | <u>6</u> |
| <b>NAYS:</b>               | <u>0</u> |
| <b>ABSENT FROM VOTING:</b> | <u>0</u> |
| <b>ABSTAIN:</b>            | <u>0</u> |

I, Kevin Fouts, City Clerk of the City of Leeds, hereby certify that the above Ordinance was duly adopted by the City Council of the City of Leeds at a regular meeting held on the 16<sup>th</sup> day of March, 2015.

  
 \_\_\_\_\_  
 Kevin Fouts, City Clerk