



Buncombe County Solid Waste Elderly/Low-Income Discount Program Application

Program Description

This program is limited to 700 eligible subscribers and will be available on a first come, first serve basis. The Elderly/Low-Income Discount Program is a service provided to low-income, elderly individuals who are unable to obtain a doctor's note to receive free premium service from Waste Pro. Applicants accepted into the program will receive premium service from Waste Pro at no additional cost to their monthly service fee. Applicants must be (1) 65 years of age or older, (2) be below 150% of the federal poverty level OR be a recipient of a federal public assistance program, and (3) be unable to take their cart to the pick-up location due to an infirmity, a difficult driveway, topography, etc., to qualify. **Applicants accepted into the program remain responsible for the monthly service fee.** This program is subject to appropriation through Buncombe County's annual budget process. Waste Pro must also be the current waste collection provider. Qualification for the program will be reviewed periodically. Should an applicant become non-compliant, the discount may be discontinued.

Application

* The information you supply is Confidential. This Application constitutes Public Enterprise Billing Information pursuant to N.C. Gen. Stat. § 132-1.1 and is not a public record.

I, _____, am a resident of the property address indicated below. I am a Waste Pro customer for solid waste collection services. I affirm and certify the following [**check all that apply**]:

I am 65 years of age or older.

(a) My household income is less than 150% of federal poverty level [**please find income limits and complete supplemental information on page 3**].

OR

(b) I am a recipient of a federal public assistance program (Medicaid, Food and Nutrition Services, or Energy Assistance) [satisfactory proof may be required].

I do not qualify for free Premium service through Waste Pro, which requires a doctor's note.

There is no other able-bodied person residing at this address, and I am unable to take my rollout cart to the pick-up location due to ____ an infirmity, ____ a difficult driveway, and/or ____ other (if you checked other, please explain: _____).

Street Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Preferred Method of Contact _____ Phone _____ Email

Certification of Application

I, the undersigned, affirm that the information provided in the foregoing Application for the Elderly/Low-Income Discount Program is true and accurate to the best of my knowledge and belief.

Release for Buncombe County HHS to share Public Assistance Information with Buncombe County Government and Waste Pro

I, the undersigned, authorize Buncombe County Health and Human Services to share any public assistance information reasonably necessary to confirm that I am a recipient of a federal, state, or local public assistance program such as Medicaid, Food and Nutrition Services, and/or Energy Assistance, with the Buncombe County Government, including its Solid Waste Department, and/or Waste Pro of North Carolina, Inc. (hereinafter "Waste Pro").

I understand that my consent is voluntary and that participation in the Elderly/Low-Income Discount Program, which may allow me to receive free back door trash pickup from Waste Pro, is optional. I am not required to apply for said service as a part of any program at Buncombe County Health and Human Services.

Release for Buncombe County Government and Waste Pro to share Elderly/Low-income Discount Program Application with Buncombe County Health and Human Services

I, the undersigned, authorize the Buncombe County Government and Waste Pro to share the following specific information with:

- Buncombe County Health and Human Services
- Other: _____

Information to be shared includes:

- My Elderly/Low-income Discount Program Application; and,
- The status and outcome of my Elderly/Low-income Discount Program Application.
- Other: _____

I understand that my consent is voluntary, and that this authorization is valid for one year from the date I sign this document and for as long as I am enrolled in the Elderly/Low-income Discount Program. I also understand that I can revoke my consent at any time.

Signature

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____

Supplemental Income Information

The 2019 Federal Poverty Guidelines are listed below. Note that the annual income limit changes based on the number of individuals in a household.

Persons in Family/Household	Annual Income Limit
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$58,515
8	\$65,145
>8	For households with more than 8 people, add \$4,420 for each additional person.

Income Information

(complete only if you selected option (a) on page 1)

If you indicated on Page 2 that your household income is below 150% of the Federal Poverty Level, please complete the following information. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses.

a. Wages, salaries, tips, etc.	\$
b. Interest (taxable and tax exempt)	\$
c. Dividends	\$
d. Capital Gains	\$
e. IRA distributions	\$
f. Pensions and Annuities	\$
g. Disability Payments (not included in pensions and annuities)	\$
h. Social Security Benefits (taxable and tax exempt)	\$
i. All other monies received (describe in comments section)	\$
Total:	\$

Comments:

INFORMATION IS SUBJECT TO VERIFICATION

Submit Application

Please submit this Application to the Buncombe County Solid Waste Department

- Email: residentialwastediscount@buncombecounty.org
- US Mail: 81 Panther Branch Road, Alexander, NC 28701
- Hand delivery: Buncombe County Landfill (81 Panther Branch Road, Alexander, NC 28701) or Buncombe County Transfer Station (190 Hominy Creek Road, Asheville, NC 28801)