



Environmental Services Department City of Warren

613 Main Ave., S.W. Warren, Ohio 44483
Phone: (330) 841-2561 • Fax: (330) 841-2920

*William Douglas Franklin
Mayor*

Enzo C. Cantalamessa
Director of Service-Safety

Leann O'Brien
Manager

Application for Adjusted Rate

To be eligible for the adjusted rate, a person shall be sixty-five (65) 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 dollars (\$12,000) per year; and be a resident of the dwelling. There shall not be, and there is not, any adjusted rate(s) whether based on age, disability, income, family status, or otherwise for any collection from any single or multiple family dwelling located outside a radius of five (5) miles from the real property known as 613 Main Ave SW, Warren, Ohio.

Family income includes income from all persons living in the home. This includes income received from wages, retirement benefits, retirement income including IRA's, social security, supplemental security income (SSI), permanent social security disability income (SSDI), VA Benefits, interest income from savings, bonds, annuities, etc., gross rental income, gross business income, etc. Copies of tax returns with all schedules and supporting documentation must be submitted. If you are applying for a disability reduction, you must provide a completed Disability Service Application signed by your physician, plus the above requirements.

To make application for an adjusted rate complete and return the discount application along with applicable documentation to the City of Warren, Environmental Services Department, 613 Main Ave SW, Warren, Ohio 44481.

Supporting documentation must be provided for all occupants living at the applicant's physical address, including an income tax return with all schedules. If you do not file a tax return, another source such as social security statements, W-2 or 1099s must be included along with (2) current monthly bank statements.

As a participant in the program, you are required to notify the Environmental Services Department if any of the following occurs before your next renewal:

- Move from the property
- Sell or transfer your interest in the property
- No longer receive disability payments
- Gross family income exceeds \$12,000 per year.

Please return application to:

City of Warren, Environmental Services
613 Main Ave SW
Warren, Ohio 44483



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Application for Reduced Rate

Name of Applicant _____
Address _____
Birthdate _____ Phone (____) _____

Please select one of the following:

- I certify that I am 65 years of age or older and my total gross family income is \$12,000 per year or less.
- I certify that I am receiving permanent Social Security Disability, and my total gross family income is \$12,000 per year or less.

Option for disability applicant

- I am the sole occupant of the household and am physically incapable of moving the container to the curb and request approval for backyard pick up.

My yearly gross family income from all sources is \$ _____ per year.

List the name, age, and birth date of all other occupants living at the applicant's physical address:

Name: _____ Age: _____ Birth date: _____
Name: _____ Age: _____ Birth date: _____
Name: _____ Age: _____ Birth date: _____
Name: _____ Age: _____ Birth date: _____
Name: _____ Age: _____ Birth date: _____

Additional occupants: Attach a separate sheet that provides the name, age, and birth date of each additional occupant.

I hereby affirm that the statements made in the foregoing affidavit are true under penalty of perjury and that I will promptly notify the City of Warren of the following: 1) if I move from the above address; and 2) of any change in my financial condition that disqualifies me from receiving a special utility rate. If it is determined that I am not qualified to receive the discounted rate, I also promise to promptly repay the City of Warren, Utility Services any utility rate undercharged to me prior to that determination.

Printed name Signature date

Application for Reduced Rate Requirements



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Required Proof of Eligibility

- Every occupant must provide adequate proof of age or disability and income.

Proof of Age: Enclose a copy of one or more of the following:

- Driver License
- State issued ID Card
- Passport
- Other photo ID

Proof of Disability:

- Disability Service Application
- Social Security Award Letter
- Other State or Federal Program approval letter

Proof of Income: Required for all applicable occupants:

- Current Tax Return
- Bank Statement (2 months)

Additional documentation that can be included in addition to one of the above:

- Social Security 1099
- Retirement Statement

Optional Request for Backyard Service – disability applicants:

- In order to be approved for backyard service, a Disability Service Application must be completed and submitted for approval. The applicant must be the sole occupant of the household and unable to move the container to the curb.

Collection Charges:

- Standard Rate:
 - Curbside Collection \$15.84
 - Backyard Collection \$24.87
- Reduction for gross family income not exceed \$9,000 per year
 - Curbside Collection \$9.37
 - Backyard Collection \$13.12
- Reduction for gross family income not exceed \$12,000 per year
 - Curbside Collection \$11.62
 - Backyard collection \$16.47