



## CURRITUCK COUNTY TAX OFFICE

Post Office Box 9  
Currituck, North Carolina 27929  
PH: (252) 232-3005 - Fax (252) 232-3568

### **LOW INCOME TRASH/RECYCLING FEE WAIVER PROGRAM APPLICATION DEADLINE FOR APPLICATION IS DECEMBER 31ST**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

1. Do you or someone else in your household own the home in which you are living?  
If yes, print their full name here: \_\_\_\_\_  
If no, please **STOP** here. You are not eligible for this program.
2. Please list **ALL** the people who live in your house even if they are outside of your immediate family.  
Please begin with yourself.

	NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
1.			SELF
2.			
3.			
4.			
5.			
6.			
7.			

If there are additional household members please use a blank piece of paper to list.

\*\*\*\*Continued on back of page\*\*\*\*

**YOU MUST PROVIDE PROOF OF INCOME WITH RETURN OF THIS APPLICATION**

3. Did anyone in the home have Earned Income LAST MONTH (i.e. wages, roomers, rentals, farm income, business income, self-employment like fishing, babysitting, selling Avon, etc.)?  
 If yes, please list who and the source of income. If no, please check here: \_\_\_\_\_ No earned income.

NAME	SOURCE OF EARNED INCOME	EARNED INCOME
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

4. Does anyone in the home have Unearned Income such as Social Security, SSI Benefits, Veteran's Benefits, Workman's Compensation, Unemployment, Child Support, Contributions, etc.?  
 If yes, please list who and the source of the income.  
 If no, please check here: \_\_\_\_\_ No unearned income.

NAME	SOURCE OF UNEARNED INCOME	UNEARNED INCOME
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

I certify that all the information provided is complete & accurate to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

<b>FOR TAX OFFICE PERSONNEL ONLY:</b>		
Disposition: (Please initial) _____ Approved _____ Not Approved		
Release #: _____	Bill #: _____	Date Released: _____