

# Application INSTRUCTIONS FOR DISCOUNT

## GARBAGE BAGS

**PLEASE NOTE: YOU WILL NOT QUALIFY FOR A DISCOUNT IF YOUR ANNUAL HOUSEHOLD INCOME IS OVER \$28,000.**

1. **COMPLETE APPLICATION:** Turn into the Business Office, Duluth City Hall, or mail to 3167 Main Street, Duluth, GA 30096. Please do NOT forget to sign the application.
2. **PROVIDE PROOF OF AGE:** A valid state ID card, Drivers License or Birth Certificate is the only acceptable proof of age.
3. **PROVIDE PROOF OF DISABILITY (if applicable, NOTE: If you are Over age 65 this is not necessary.)** All others must provide either a determination of disability by the Social Security Administration or a signed statement from your doctor stating the nature and duration of your disability, including the practitioner's name address and telephone number.
4. **PROVIDE PROOF OF INCOME FOR ALL MEMBERS OF YOUR HOUSEHOLD:** If you are required to file a federal tax return, your prior calendar years return will be the only acceptable proof of income. If you are no longer required to file, you may provide a Bank Statement or Social Security statement of income for the most recent month. The income for each member of your household over 18 years of age will be taken into consideration to determine eligibility for the discount.

Once approved, you will be issued a discount card with this card, you may purchase up to four (4) boxes of garbage bags per calendar year at a discounted rate. THIS DISCOUNT IS ONLY AVAILABLE AT CITY HALL. Cards must be renewed every year.

For applications delivered in person, we will gladly photocopy any required documents

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 770-476-3434.**

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City of Duluth  
**GARBAGE BAG DISCOUNT PROGRAM**  
Application

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New Application \_\_\_\_\_ or Renewal \_\_\_\_\_ (Card # \_\_\_\_\_)

TYPE OF APPLICANT: SENIOR CITIZEN (*OVER 65*) \_\_\_\_\_ or DISABLED \_\_\_\_\_ (*only check one*)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (*if different*): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BIRTHDATE OF APPLICANT (*if applicable*): \_\_\_\_\_ (*must provide proof of age*)

NATURE OF DISABILITY (*if applicable*): \_\_\_\_\_ DURATION OF DISABILITY (*circle*) TEMP or PERM  
*Must provide proof of disability to determine eligibility, such as: documents from Social Security Administration or a signed statement from your Physician.*

TOTAL NUMBER OF PERSONS RESIDING IN YOUR HOUSEHOLD \_\_\_\_\_

IF MORE THAN 1 (ONE) RESIDENT, PROVIDE AGES OF ALL OTHER HOUSEHOLD MEMBERS:

\_\_\_\_\_

TOTAL ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS AS SHOWN ON **FEDERAL INCOME TAX RETURNS** FOR PREVIOUS YEAR: \$ \_\_\_\_\_ /year

OR: OTHER PROOF OF INCOME (*only acceptable if tax returns are no longer filed by the applicant*)

ie: **Social Security Annual Statement, Pension Statements.**

\$ \_\_\_\_\_ /month or \$ \_\_\_\_\_ /year

UPON SIGNING THIS DOCUMENT, I STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Office Use Only:**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ (reason) \_\_\_\_\_

Applicant notified by: (*letter, email, telephone*) \_\_\_\_\_ DATE: \_\_\_\_\_