

# City of Duluth

## GARBAGE BAG DISCOUNT PROGRAM FOR DISABLED & SENIOR CITIZENS INSTRUCTIONS

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**Qualification for this program requires an annual household income of \$28,000 or less.**

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- 1. COMPLETE APPLICATION:** Return the completed application in person or by mail to Business Office, Duluth City Hall, 3167 Main Street, Duluth, GA 30096. Please remember to sign the application. For applications delivered in person, we will photocopy any required documents.
- 2. PROVIDE PROOF OF AGE:** A valid state ID card, Driver's License, or Birth Certificate are acceptable documents for proof of age.
- 3. PROVIDE PROOF OF DISABILITY (If you are over age 65, this is not necessary.)** Applicants 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 physician's name address and telephone number. The applicant must be declared at least 50% disabled.
- 4. PROVIDE PROOF OF INCOME FOR ALL MEMBERS OF YOUR HOUSEHOLD:** A copy of your prior year federal tax return is required to show proof of income. If you are no longer required to file taxes, your current year's Social Security Benefit letter, or Pension Award letter.

Upon approval, a discount card is issued (in person or by mail), which allows the purchase of up to four (4) boxes of garbage bags per calendar year at a discounted rate; cards are renewable annually.

THIS DISCOUNT IS ONLY AVAILABLE AT CITY HALL.

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

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**City of Duluth**  
**SENIOR CITIZEN**  
**GARBAGE BAG DISCOUNT**  
**PROGRAM APPLICATION**  
**FOR DISABLED, HANDICAPPED & SENIOR CITIZENS**

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

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

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 (*check one*) \_\_\_\_\_ TEMPORARY \_\_\_\_\_ PERMANENT

*(Must provide proof of at least 50% 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 COMBINED 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*)

**Social Security Benefit Letter or Pension Award Letter**

\$ \_\_\_\_\_ /month \$ \_\_\_\_\_ /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: \_\_\_\_\_