YEAR 2020 RECYCLING REBATE APPLICATION

**NETHER PROVIDENCE TOWNSHIP**

**610-566-4516**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Folio #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner’s (Claimant’s) Name

Address

Claimant’s Social Security # Claimant’s Birth Date

Complete the following table in regard to individuals residing in the household. **Exclude the claimant.**

 ***Name Date of Birth Social Security #***

|  |  |  |
| --- | --- | --- |
| Spouse: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 The Claimant and Spouse (if residing with Claimant) **must** be 65 years of age or older. If this is the first time filing for a rebate please attach a ***copy*** of a birth certificate or Medicare card confirming the age of the claimant and spouse.

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**HOUSEHOLD INCOME (TOTAL FOR ALL INDIVIDUALS RESIDING IN DWELLING)**

|  |  |
| --- | --- |
| 1. Social Security for **Year 2019** |  |
| 2. Pension, Annuities, Alimony, and Child Support |  |
| 3. Interest, Dividends, and Capital Gains |  |
| 4. Net Rental Income |  |
| 5. Net Business Income |  |
| 6. Other Income such as Wages, Insurance Proceeds, Death  Benefits, and Any Gifts in Excess of $ 300  |  |
| **TOTAL** **HOUSEHOLD INCOME** (Add Lines 1 through 6) (To qualify **total household income** must not exceed $ 18,000) |  |

I UNDERSTAND THE TOWNSHIP RESERVES THE RIGHT TO REQUEST AND REVIEW THE CLAIMANT’S FEDERAL 1040 TAX RETURN, ALONG WITH THE RETURN OF ALL HOUSEHOLD MEMBERS, FOR THE 2019 YEAR. furthermore, I understand that any person making an excessive claim with fraudulent intent shall have his/her claim disallowed and will be prohibited from filing a future recycling rebate claim. I declare that:

1. This claim is true, correct, and complete to the best of my knowledge.
2. This is the only claim filed by members of my household.

Claimant’s Signature Date

Claimant’s Daytime Telephone Number

Signature of Preparer if Different than Claimant Preparer’s Telephone Number

Submit with the completed application a copy of the paid year 2020 recycling charge or the cancelled check (copy both sides of the check). Applications must be postmarked by June 30, 2020. Please return the application along with attachments to:

 Nether Providence Township, 214 Sykes Lane, Wallingford, PA 19086-6350.