YEAR 2022 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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1. Social Security for Year 2021		
2. Pension, Annuities, Alimony, and Child Support		
3. Interest, Dividends, and Capital Gains		
4. Net Rental Income		
5. Net Business Income		
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 2021 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		

Submit with the completed application a copy of the paid year <u>2022 recycling</u> charge or the cancelled check (copy both sides of the check). <u>Applications must be postmarked by June 30, 2022.</u> Please return the application along with attachments to:

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

Preparer's Telephone Number

Signature of Preparer if Different than Claimant