

SENIOR CITIZEN & DISABLED SOLID WASTE FEE REDUCTION APPLICATION

Return to: Beltrami Solid Waste Division
751 Industrial Park Dr SE
Bemidji, MN 56601
Phone: 218-333-8105

Parcel Number: _____

Payable Year: _____

Applicant is owner/occupier of property ____ Yes. If No Stop*

Applicant is age 65 or older, or disabled ** ____ Yes

****Applicants filing as disabled must provide proof of permanent disability.**

If you cannot answer yes to at least one of the above, stop. You are not eligible for a reduction.

***Eligibility is extended only to owners 65 and over or disabled.**

Name: _____

Number in Household _____

Address: _____ Phone #: _____

Income Information includes the income from all household members:

Recipient Name	Source	Annual Income

Total Household Income: \$ _____

**Total household income must be less than the Current Poverty Guidelines (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>) in order to qualify.

I confirm and guarantee that the income figures indicated above are accurate and complete and that there are _____ people in my household. I am also aware that recertification will be done every three years thereafter.

Signed

Date

Office Use Only

Approved ()

Denied ()

Revised Amount _____

Signed Date
