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| Hardship Waiver  City of Salem  For Curbside Bulk Item Pick Up & Mattress and Box Spring Curbside Pick Up |  |

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| 1. | Name: | |  |  |  | | | | |  |  | | | | | | |
|  |  | | First Name |  | Middle Name | | | | |  | Last Name | | | | | | |
| 2. | Address: | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | |  | |
|  |  | | (Street and Number) (City/Town) (State and Zip) | | | | | | | | | | | | |  | |
|  |  | |  | | | | | | | | | | | | |  | |
| SECTION 1: I AM INDIGENT in that (check only one):  A. | | | | | | | | | | | | | | | | | |
|  | I receive public assistance under (check form of public assistance received): | | | | | | | | | | | | | | | | |
|  |  | Transitional Aid to Families with  Dependent Children (TAFDC)  Supplemental Security Income (SSI)  Massachusetts Veterans Benefits  Programs; **OR** | | | | | P | Emergency Aid to Elderly, Disabled, or Children (EAEDC)  Medicaid (MassHealth) | | | | | | | | | | | |
| B. | | | | | | | | | | | | | | | | | |
|  | I am unable to pay the fees and costs of this service, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter, or clothing. | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | | | | | | | |
| SECTION 2: | I request that the following fees for Curbside Bulk Item Pickup or Curbside Mattress and Box Spring Recycling services be waived.  Curbside Bulk Item Pick Up ($20/item)  Curbside Mattress/Box Spring Pick Up ($20/item)  Total Amount Requested to be waived: $\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  | | | | | | | | | | |
|  | | |  | | |  |  | | | | | | |  | | | | |
| Signature: | | |  | | |  | Date of Signature | |  | | |  |  | |  | |  | |
|  | | |  | | |  |  | | MM | | |  | DD | |  | | YY | |

Please return to Waste Reduction Coordinator Engineering Department 2nd Floor 98 Washington Street Salem MA 01970

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| Solicitud - Descargar Costo Ciudad de Salem  Para recoger basura en gran cantidad & recoger colchones | A picture containing calendar  Description automatically generated |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Nombre: | |  |  |  | | | | |  |  | | | | | | |
|  |  | | Primer Nombre |  | Medio Nombre: | | | | |  | Apellido | | | | | | |
| 2. | Dirección: | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | |  | |
|  |  | | (Street and Nombre) (City/Town) (Estado y Zip) | | | | | | | | | | | | |  | |
|  |  | |  | | | | | | | | | | | | |  | |
| SECCION 1: SOY INDIGENTE porque (Marca solo uno):  A. | | | | | | | | | | | | | | | | | |
|  | Recibo asistencia público: (marca el tipo de asistencia que recibes): | | | | | | | | | | | | | | | | |
|  |  | Asistencia a familias con jóvenes dependientes (TAFDC)  Ingreso suplementario (SSI)  Beneficios para veteranos  ; **O** | | | | | P | Asistencia de emergencia a mayores de edad, discapacitados, y jóvenes (EAEDC)  Medicaid (MassHealth) | | | | | | | | | | | |
| B. | | | | | | | | | | | | | | | | | |
|  | No puedo pagar las multas y costos del servicio, o no puedo pagarlo sin quitar mi familia o yo de las necesidades de vida, incluyendo comida, refugio, o ropas. | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | | | | | | | |
| SECCION 2: | Yo pido que los siguientes costos para recoger cosas y servicios de recoger colchones sean renunciados.  Recoger basura en gran cantidad ($20/articulo)  Recoger colchones/cama ($20/articulo)  Cantidad total que sea renunciado: $\_\_\_\_\_\_\_  **Número de teléfono**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dirección de correo electrónico**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  | | | | | | | | | | |
|  | | |  | | |  |  | | | | | | |  | | | | |
| Firma: | | |  | | |  | Fecha: | |  | | |  |  | |  | |  | |
|  | | |  | | |  |  | | MM | | |  | DD | |  | | YY | |

Devuelve esta solicitud al Coordinador de Reducir Basura – Departamento de Ingeniería 2do Piso 98 Washington Street Salem MA 01970