|  |  |
| --- | --- |
| Hardship Waiver City of SalemFor Curbside Bulk Item Pick Up & Mattress and Box Spring Curbside Pick Up |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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