



St. Johns County Board of County Commissioners

Health and Human Services | Social Services Division

SOLID WASTE PROGRAM APPLICATION

APPLICANT

Name: _____

Address: _____

Mailing Address: _____

Phone #: _____

Date of Birth: _____

Social Security #: _____

Next of Kin: _____

Contact information for next of Kin: _____

Other names you are known by or have used: _____

Race: _____

Gender: _____

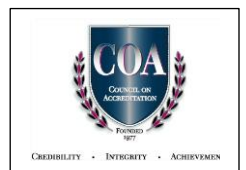
Marital Status: Single Married Divorced Widowed

Are you a U.S. Citizen? YES NO

If NO, you must provide a copy of your Permanent Resident Alien Card.

Date admitted to United States _____

Are you sponsored? YES NO If so, by whom _____



HOUSEHOLD INFORMATION: List all persons residing in the household.

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>Employer/School</u>
1. _____	____	_____	_____	_____
2. _____	____	_____	_____	_____
3. _____	____	_____	_____	_____
4. _____	____	_____	_____	_____
5. _____	____	_____	_____	_____
6. _____	____	_____	_____	_____
7. _____	____	_____	_____	_____

ASSETS:

Own/buying home (Y/N) _____ Date Purchased _____ \$ _____
 Amount mortgaged \$ _____ Name of Mortgage Holder _____
 When did you move into the home? _____
 Do you own or are you buying any other property (house, land, etc.) Y/N _____
 Value \$ _____ Date Purchased _____ Balance Owed \$ _____
 Location and Description _____

<u>Description</u>	<u>Current Value</u>	<u>Date Purchased</u>	<u>Amount Owed</u>	<u>Year, Make, Model</u>
1) Car/Truck/Motorcycle	\$ _____	_____	\$ _____	_____
2) Car/Truck/Motorcycle	\$ _____	_____	\$ _____	_____
3) Boat/other vehicle	\$ _____	_____	\$ _____	_____
4) Other vehicles	\$ _____	_____	\$ _____	_____

Do you or any household member have any of the following:

	<u>Bank Name</u>	<u>City/State</u>	<u>Balance</u>
Checking Account(s)	_____	_____	_____
Checking Account(s)	_____	_____	_____
Savings Account(s)	_____	_____	_____
Savings Account(s)	_____	_____	_____
Trust, IRA, CD, Stocks	_____	_____	_____
Money Market, Bonds	_____	_____	_____

MONTHLY INCOME

List below the **Source** of all employer/Income and earnings for all household members.
 (Examples include Social Security, SSI, VA, pensions, unemployment compensation, Worker’s
 Compensation, rental income, help from family/friends, self-employment, odd jobs, trust
 account, etc.)

<u>Name</u>	<u>Employer/Income Source</u>	<u>Date Employed</u>	<u>Monthly Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Monthly Income			\$ _____

MONTHLY EXPENSES

Mortgage Payment\$ _____	Home Insurance \$ _____	Electric \$ _____
Gas (heating) \$ _____	Water \$ _____	Phone \$ _____
Cable \$ _____	Food \$ _____	Child Support \$ _____
Car payment(s) \$ _____	Gas(Auto) \$ _____	Auto Insurance\$ _____
Clothes \$ _____	Furniture \$ _____	Childcare \$ _____
Loans \$ _____	Credit Cards \$ _____	Other \$ _____
Medical Bills \$ _____	Medication \$ _____	
Total Monthly Expenses \$ _____		

**APPLICANT'S STATEMENT, AUTHORIZATION FOR RELEASE
OF INFORMATION AGREEMENT**

Chapter 837.06

"Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable by imprisonment according to Florida Statute 775.082"

I/We hereby certify that residence is established in St. Johns County and declare intentions of remaining in St. Johns County. By signing this form, I/we are saying that the answers are true and complete to the best of my/our knowledge. I/we know that if wrong information is given or if information is withheld on purpose, I/we are breaking the State Law and are subject to the penalties provided by Law, including the penalty for perjury.

Permission is hereby granted and authorized for any insurance company, employer, utility company, or financial institution of any kind or character to disclose to the Board of County Commissioners and/or its designee, full information regarding my past, present, or future assets, earnings, and financial status. Privacy rights under State or Federal Law concerning my income, assets, liabilities or assistance received from such agencies are hereby waived, and I/we further consent and request that any State or Federal agency having information concerning me/us, to disclose same to the Board of County Commissioners of St. Johns County, Florida or its agents.

I/We request aid for the program specified on this application, based on criteria approved by the St. Johns County Board of County Commissioners. I/We agree to abide by the regulations of the County Ordinance governing the specified program and paying all fees and costs associated with the program in a timely manner.

I/We do not own any real estate and/or personal property except as written on page 2 of this application.

_____, do swear or affirm that I/We
(Homeowners Name)

are resident(s) of St. Johns County, Florida, and the information given on this application is true and complete. I/We have read, or it has been read to me/us, the above statements and I/We understand the above statements and releases.

Signature of Homeowner: _____

Signature of Joint Homeowner: _____

Date of Application: _____