



Real People. Real Possibilities.

Financial Hardship Discount Application
Annual Trash Collection Services
July 1, 2020 - June 30, 2021
Current contract year applications accepted only through August 31, 2020
(Must be applied for and approved annually)

50% Discount for Semi-Annual Payments of \$53.25

How to Qualify: To qualify for the hardship discount rate you must be eligible per the requirements of City Code specified below **and own and occupy the single-family residence**. Upon approval of your application your trash bill will be discounted accordingly.

(If approved for a hardship discount, no other discounts are applicable)

975.06 COLLECTION RATES AND TERMS.

(c) The City's Director of Public Service may, in cases of financial hardship, and on a case-by-case basis, provide owners of residential property, who also reside at the property as verified by the owner and is identified as the owner by the Franklin County Auditor's Office, a discount on their solid waste collection services. The discount may be considered for Owner-occupants who are receiving Medicaid, or some other form of government income-based aid or government disability aid, and who provide proof to the Director of receiving such government aid. The Director may establish rules and procedures to apply for and receive a hardship discount that are not inconsistent with this section. (Res. 15-R-36. Adopted 6/8/2015)

Complete the section below, mail or drop off with all supporting documentation to: Department of Finance, 3800 Municipal Way, Hilliard, Ohio 43026.

Applicant's Name: _____
Address: _____
Telephone Number: _____

Provide ALL of the following:

(You may provide a copy of this information by mail or bring it to the City Hall for verification.)

- Proof of hardship** (Medicaid, Welfare, Food Stamps, Franklin County Public Assistance, etc.)
- Proof of address** (a utility bill, driver's license, or State ID)
- Proof of ownership** (copy of the most current tax bill, auditor's website owner information, or copy of deed)

Signature of Applicant Date

TO BE COMPLETED BY THE CITY OF HILLIARD

Pursuant to Section 975.06 of the City's Codified Ordinances, the owner occupant of the above listed address herein qualifies for a hardship discount.

Hilliard Approval: _____
Department of Finance Representative Date

Copy to Applicant / Original to Finance Department

For office use only

Finance Director Initials