



Real People. Real Possibilities.

**Financial Hardship Discount Application  
Annual Trash Collection Services  
July 1, 2023 - June 30, 2024**

*Current contract year applications accepted only through August 31, 2023 (Must be applied for and approved annually)*

**50% Discount for Semi-Annual Payments of \$59.19**

**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 (Must be in applicants name), Welfare, Food Stamps, Franklin County Public Assistance, HEAP, PIPP, etc.) Must provide copy of Notice of Action/Approval about Benefits showing names and dates of coverage, copy of current utility bill showing HEAP/PIPP services.
- ☐ **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