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| **THIS IS NOT A BILL – BILLS WILL BE MAILED IN JULY** |

**Hardship Discount Application**

**Trash/Recycling/Yard Waste Collection Services**

**July 1, 2024 – June 30, 2025**

**50% Discount for Semi-Annual Payments of $70.50**

Must be applied for and approved annually.

Current applications accepted only through August 31, 2024

**How to Qualify**: As per the requirements of City Code 975.06 Collection Rates and Terms, applicants must own and occupy the property. Upon approval of your application your trash bill will be discounted accordingly.

***Complete the section below*** *and mail or drop off with all supporting documentation to the Finance Department, Trash Services, 3800 Municipal Way, Hilliard, OH 43026 between the hours of 8a.m.- 4p.m. Questions, please call 614-334-1209*

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| Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Provide ALL of the Following:**   * Medicaid (must be for applicant only) * SNAP   ***Medicaid/Ohio Direct cards not accepted.***   * *Acceptable Proof of Coverage: Current Notice of Action/Approval letter from State of Ohio showing*   *name & date of coverage MUST be provided.*   * HEAP * PIPP * *Acceptable Proof of Coverage: Current approval letter from State of Ohio showing HEAP/PIPP services.* * Low Income Water/Sewer   + *Acceptable Proof of Coverage: Current City of Columbus water/sewer bill showing low-income service.* * Acceptable Proof of Address: Current utility bill (other than trash bill), driver’s license * Acceptable Proof of Ownership: Current tax bill, Auditor’s Website Owner Information   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TO BE COMPLETED BY THE CITY OF HILLIARD**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Signature of Finance Director Date  Account Updates Made: Initials:\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ |