

# Barnstable Transfer Station 2010 Low Income Application

PLEASE PRINT

\_\_\_\_\_  
Applicants Name

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Street

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_  
Village

Number of persons in household \_\_\_\_\_

Names (including applicant)

Ages

Social Security Numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INCOME (GROSS) FOR ALL PERSONS IN HOUSEHOLD**

Wages from employment \$ \_\_\_\_\_ week/ monthly

Aid to family with dependant children \$ \_\_\_\_\_ week/monthly

Social Security Disability \$ \_\_\_\_\_ week/monthly

Social Security \$ \_\_\_\_\_ week/monthly

Veterans Benefits \$ \_\_\_\_\_ week/monthly

Pensions \$ \_\_\_\_\_ week/monthly

Unemployment Benefits \$ \_\_\_\_\_ week/monthly

Child Support \$ \_\_\_\_\_ week/monthly

Food Stamps \$ \_\_\_\_\_ week/monthly

Housing Assistance \$ \_\_\_\_\_ week/monthly

Other \_\_\_\_\_ \$ \_\_\_\_\_ week/monthly

**Total Income** \$ \_\_\_\_\_ Weekly/Monthly

If currently unemployed- give date of last employment \_\_\_\_\_

**\*\* VERIFICATION OF INCOME MUST BE ATTACHED TO THIS APPLICATION\*\***  
**If employed and using wages as proof of income, please enclose copies of your last 3 pay stubs.**

Do you own or rent your home? \_\_\_\_\_

Number of cars in household: \_\_\_\_\_

Year of car (s): \_\_\_\_\_

Make and Model: \_\_\_\_\_

Mileage: \_\_\_\_\_

Condition of Car \_\_\_\_\_

Monthly Expenses:

Mortgage or Rent:	\$ _____	Heat:	\$ _____
Related Home Insurance:	\$ _____	Health Insurance:	\$ _____
Car Payments:	\$ _____	Food:	\$ _____
Car Insurance:	\$ _____	Clothing:	\$ _____
Telephone:	\$ _____	Cable:	\$ _____
Electricity:	\$ _____	Prescriptions:	\$ _____
Water:	\$ _____	Medical Co-Pay:	\$ _____
		Other:	\$ _____

Please list any compelling reasons you feel the Town needs to be aware of while considering your application for a Low Income Transfer Station Sticker.

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I HEREBY SIGN THIS DOCUMENT, STATING ALL INFORMATION IS TRUE, UNDER THE PENALTY OF PERJURY.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
Date:

**\*\*COPY OF REGISTRATION MUST BE INCLUDED WITH THIS APPLICATION\*\***

**APPLICATION MUST BE COMPLETE AND ALL REQUESTED INFORMATION ATTACHED. IF NOT COMPLETE, APPLICATION WILL NOT BE PROCESSED**