

Initials:

TOWN OF FAIRHAVEN  
BOARD OF PUBLIC WORKS



APPLICATION  
TRASH SENIOR HUD DISCOUNT  
FISCAL YEAR 2025

Department Use Only  
Time Stamp

TRASH ACCOUNT NO. \_\_\_\_\_

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
Must be completed and submitted to the Board of Public Works within 30 days of billing date.

INSTRUCTIONS: Complete all sections fully. Please print or type.

A. IDENTIFICATION:

Name of applicant: \_\_\_\_\_ Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Optional

Marital Status: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (If first year of application, please attach copy of birth certificate)

Number of persons living in household: \_\_\_\_\_

Legal residence (domicile) on July 1, 2024: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ Telephone #: ( \_\_\_\_\_ ) - \_\_\_\_\_

Location of property: \_\_\_\_\_ No. of dwelling units: \_\_\_\_\_

Did you own and occupy the property as your domicile on July 1, 2024, and for the prior 10 years? Yes \_\_\_ No \_\_\_

If no, list the other properties you owned and/or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR FOR ALL MEMBERS OF HOUSEHOLD MUST BE SUBMITTED WITH APPLICATION

(Copies of your and other household members' federal and state income tax returns are required to verify your income.)

Retirement Benefits (Social Security, Railroad, Federal, Mass, And Political Subdivisions.....	\$ _____
Other Pensions and Retirement Allowances.....	\$ _____
Wages, Salaries, and Other Compensations.....	\$ _____
Net Profits from Business or Profession.....	\$ _____
Interests and Dividends.....	\$ _____
Other Receipts (Rent, Capital Gains, etc.).....	\$ _____
<b>TOTALS</b> .....	\$ _____

C. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

\_\_\_\_\_  
Your Signature Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If signed by agent, attach a copy of written authorization to sign on behalf of taxpayer.

PLEASE DO NOT WRITE BELOW THIS LINE

DISPOSITION OF APPLICATION (BOARD OF PUBLIC WORKS USE ONLY)

_____ Ownership		BOARD OF PUBLIC WORKS
_____ Occupancy	Granted _____	_____
_____ Age	Denied _____	_____
_____ Income	Date _____ / _____ / _____	_____

You may be eligible to a Senior Citizen Discount of the Town Fairhaven Trash Fee if you own and occupy your domicile and meet a certain and income qualifications.

**WHO MAY FILE AN APPLICATION:** You may file an application if as of July 1<sup>st</sup> you:

- Are 65 years of age or older,
- Owned and occupied the property as your domicile,
- Owned and occupied any property in Massachusetts as your domicile for at least 5 years,
- Lived in Massachusetts for at least the prior 10 years, and
- Have an annual combined household income not more than the locally adopted income limit. (please see chart below)

**WHEN AND WHERE APPLCIATIONS MUST BE FILED:** Your application must be completed and submitted to the Board of Public Works located at 5 Arsene Street within 30 days of the bill date to be considered.

**THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE BOARD OF PUBLIC WORKS FOR ANY REASON. AN APPLICATION IS FILED WHEN RECEIVED BY THE BOARD OF PUBLIC WORKS.**

**PAMENT OF THE TRASH FEE:** Filing an application does not void the collection of the Trash Fee. Failure to pay the fee when due may subject you to interest as well as a demand fee. To avoid additional charges, you should pay the fee as assessed. If a senior citizen discount is granted and you have already paid the entire fee, you will receive a refund of any overpayment.

**BOARD OF PUBLIC WORKS DISPOSITION:** Upon applying for a senior citizen discount, you may be required to provide the Board of Public Works with further information and supporting documents to establish your eligibility. The Board has 30 days from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the Board does not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether or not a senior citizen discount is approved.

U.S. DEPARTMENT OF HUD  
STATE OF MASSACHUSETTS  
2024 Adjusted Home Income Limits  
New Bedford, MA HUD Metro FMR Area  
  
Very Low (50%) Income Limits (\$)

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$38,350	\$43,800	\$49,300	\$54,570	\$59,150	\$63,550	\$67,900	\$72,300