

BOARD OF SUPERVISORS
SOUTH ABINGTON TOWNSHIP
104 SHADY LANE ROAD * PO BOX 259 * CHINCHILLA, PA. 18410

GILES STANTON
JOSEPH SPROUL
MARK DOUGHERTY

PHONE 570-586-2111
PHONE 570-586-5448

Date: _____

Dear _____

Please review, write in date of birth on page one, attach copy of drivers license or birth certificate (we can copy at office), sign page two in front of a notary, have notarized and return to our office.

Any questions, please call me at 586-2111, ext 1, Monday thru Friday, 8:00 am to 4:00 pm.

Thanks, Susan

AFFIDAVIT FOR SENIOR CITIZEN PROGRAM

The undersigned hereby certifies as follows:

That I am the owner/occupant of a dwelling unit located in a residential establishment at: _____ and I am authorized to execute this Affidavit and certify that:

- (i) There is no more than two persons residing in the above residential establishment of which the affiant is one such person; and
- (ii) At least one of the two persons is at least 62 years of age on the date of this affidavit (eligible person). The name of such person is _____ and date of birth is _____. As proof of age I have furnished a copy of _____.

I additionally certify that I and any other occupants of said residential establishment shall not place more than one bag of municipal solid waste as defined in Ordinance No. 113 of South Abington Township, as may be amended, (the "Ordinance") for collection in the Township, exclusive of leaf, bulky waste and recyclables as defined in the Ordinance. The undersigned recognizes so long as I and any other occupants remain eligible for the Senior Citizen Program there shall be an additional charge for the collection of Municipal Solid Waste in excess of the one bag limit. Therefore, I certify that so long as no more than two (2) persons reside in the residential establishment and at least one of which is 62 years old, I and any other occupants will not place any additional Municipal Solid Waste for collection, without first arranging for and actually making prior payment to the designated contractor (_____) for any Municipal Solid Waste in excess of the one bag limit.

I agree that in the event either more than two persons reside in the residential establishment, or at least one eligible person no longer resides therein, I will immediately pay all regular rates under the Ordinance, and this program will automatically expire. I will further immediately notify the Township and the designated contractor in writing by filing a signed written statement that I or the occupants of the residential establishment are no longer eligible and shall state the beginning date of such ineligibility. Further, I, and any other occupants of said residential establishment shall not place any Municipal Solid Waste

of any kind, including but not limited to bulky waste, leaf waste or construction waste for collection by the Township or its designated contractor without receiving a written acknowledgment of my written statement.

The undersigned recognizes that the Ordinance may be amended from time to time and the undersigned shall remain subject to same, including all amendments and further, the undersigned recognizes that this Senior Citizens Program may be terminated at any time.

The undersigned also represents that he/she has authority to make this Affidavit and will supply any and all additional documents as requested from time to time by the Township or its agents to substantiate the information herein contained. Further, this form shall serve as authorization to all persons whether public or private to release information as may be requested by the Township, its agents or designated contractor for verification of matters related thereto. Any false statements made hereunder may subject the undersigned to penalties including but not limited to 18 Pa.C.S.A. Section 4903 and 4904, as may be amended and any ordinances of the Township now or hereinafter in effect. Nothing herein contained shall prohibit either the Township or its designated contractor from seeking additional civil remedies in addition to the above penalties.

Print name here

Signature

SWORN AND SUBSCRIBED TO
before me this ____ day
of _____, 20__.

NOTARY PUBLIC

20CABINGTONAFFSENR.MSW