



TOWNSHIP OF RADNOR

SENIOR CITIZEN EXEMPTION AFFIDAVIT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

DATE OF BIRTH: ____/____/____

I hereby affirm that I am eligible for exemption from the solid waste Rear Yard Trash Pickup fee (currently \$500.00) imposed by Radnor Township. My eligibility for this exemption is based upon the following facts:

1. I am sixty-five (65) years of age or older as of the date of this application.
2. My gross annual household income allows me to participate in one of the Pharmaceutical Assistance Contract for the Elderly Programs (PACE or PACENET) sponsored by the Commonwealth of Pennsylvania. Current guidelines are **\$23,500** or less for a single person and **\$31,500** or less for a married couple.
3. I am the property owner or person primarily responsible for the payment of the Rear Yard Trash Pickup Fee to the Township.
4. There are no other permanent residents living at the above address such that the current household income would exceed the PACE requirements set forth in Paragraph 2 above.

I certify under penalty of perjury that the above statements are true and correct. I also understand that the above information may be subject to verification by the Township and I agree to provide such verification or the exemption may be revoked or denied.

Signature: _____

Date: _____

**Radnor Township
Finance Department
301 Iven Avenue
Wayne, PA 19087
610-688-5600**

Disability Waiver for Rear Yard Collection Fee

Name: _____

Address: _____

The undersigned hereby requests rear yard solid waste collection services from Radnor Township. I further request a waiver from the rear yard collection fee because of a disability that prevents me from transporting refuse and recycling containers to the curbside. My signature below further attests to the fact that there is no one of legal age living in my household who is physically capable of transporting a fifty (50) pound refuse or recycling container to the curbside for collection.

Date: _____

Signature of Applicant

Printed Name of Applicant

To be signed by your attending physician:

The undersigned hereby confirms that I am a licensed physician in the Commonwealth of Pennsylvania and have conducted a medical evaluation of the above named individual. In my opinion, this individual does not have the physical capacity to transport a fifty (50) pound refuse or recycling container to the curbside for collection. This condition is

_____ Permanent _____ Temporary (check one)

Date: _____

Signature of Physician

Printed Name of Physician

Note: The Township reserves the right to verify information provided.