

# **Low Income Reduced Refuse Rate Policy**

## **Purpose:**

The following policy is adopted by the Borough of Emmaus Council to provide regulations and procedures for individuals who desire to receive the Low Income Refuse Discount in the Borough of Emmaus. The purpose of this policy is to provide an equitable and consistent process in examining the eligibility of applicants who desire to receive the low income refuse discount.

## **Scope:**

This policy applies to all individuals within the Borough of Emmaus who are charged refuse collection assessments and wish to receive a low income discount. The policy enacts regulations and procedures for such purposes.

## **Policy Statement:**

It is the policy of the Borough of Emmaus that an individual whose annual income is below a certain level, and they meet a certain age requirement, the individual is eligible to receive a discounted refuse collection assessment.

It is the policy of the Borough of Emmaus that all parties interested in receiving a low income refuse discount shall meet the qualifications as set forth in this policy.

## **Procedures:**

The policy outlines the Borough of Emmaus policies and procedures in relationship to the application and for Low Income Refuse Discount. The Borough will take into account specific financial circumstances of the applicant and shall apply these concepts consistently with each and every applicant.

If approved, the Borough may elect to reduce or waive certain amounts of money which are due for refuse collection. To be eligible, the applicant must successfully demonstrate that paying the refuse assessment fee would cause a significant financial hardship.

Rental properties and commercial properties are not eligible for refuse discounts.

Individuals wishing to be qualified for the low income refuse discount must demonstrate to the Borough Manager that they meet the financial guidelines in the low income reduced refuse rate application to be eligible. In particular, the interested party must show proof that the household income for the property is less than the guidelines set forth by the Borough of Emmaus.

Individuals must apply and show proof of income and eligibility requirement every year.

## **Financial Criteria:**

The Borough of Emmaus shall use a sliding scale to consider a reduction or exemption from paying the fee for care. If the applicant earns 100% or less of the federal poverty level as described in Addendum B of this policy, the applicant shall be considered for a reduction to \$159.00. If the applicant earns between 101% and 125% of the federal poverty level, the applicant shall be considered for a reduction in price to \$200.00.

The Borough will take into account a range of factors when deciding whether the full payment of the refuse assessment will cause the applicant a financial hardship. In making the decision whether to waive the fee, the Borough will base the decision solely on income, similar to other policies in the Borough of Emmaus, including but not limited to the Ambulance Financial Hardship Billing Policy. Written verification shall be required to substantiate and verify all information contained in the financial hardship discount application. The Borough Manager or his / her designee shall have the final authority to approve or disapprove an application.

The Borough shall use a combination of the current year's federal poverty guidelines as well as the prior year's income and the past 120 days of the current year's income to determine if an applicant qualifies for a financial hardship waiver.

The Borough shall not take into any consideration as to the applicant's lifestyle or other expenses. If an applicant feels that they have an extraordinary expense that should be taken into consideration, the applicant shall write a letter to the Borough Manager thoroughly explaining the extraordinary expense. An extraordinary expense is the exception, not the rule, meaning that general bills, debts, rents, mortgage, and costs of living will not be taken into consideration while determining a financial hardship waiver.

An application for a low-income refuse discount must be made in accordance with the Borough Manager. Applicants shall request and complete the form in Addendum A of this policy, as well as the financial information form in accompanying this policy.

Applicants can request and complete a Low-Income Refuse Discount Policy and form. The form can be obtained by calling 610-965-9292 or by visiting the Borough Office at 28 S. 4<sup>th</sup> Street, Emmaus, PA 18049 (or at the temporary office location at 420 S. 10<sup>th</sup> Street) during normal business hours. Forms can also be requested through submission of a written request to the above listed address.

If applying in person, the applicant should be prepared to offer written verification of the necessary information about their financial circumstances. If they have difficulty performing any of these tasks, they should contact the Borough at 610-965-9292. Applicants are required to return the completed forms and submit all required documentation to the Borough no later than March 1<sup>st</sup> each year.

The financial criteria and income limitations in this document will change each and any year that the regular refuse rate changes and / or the Department of Health and Human Services Poverty Level rates are amended. The rate changes, for purposes of this policy, may take effect without notice or amendment to the policy.

The proofs of income that are required shall be consistent with PA 1000 Property Tax or Rent Rebate Form, including:

- Social Security Earnings Report
- SSI / Public Welfare Award Letter
- Railroad Retirement
- 1099R Forms (Pension, IRA's, Annuity)

- Veteran's Disability
- Schedule C (Self-Employment Tax Report)
- W-2
- Schedule K (Estate and Trust Income)
- 1099
- Form 1940 (Business or Profession)
- Schedule D (Stocks and Bonds / Interest Income)
- Schedule B (Interest Income)
- Schedule E (Rental Property Income Report)
- Gambling and Lottery Winnings
- Inheritances, Alimony, and Spousal Support
- Cash public Assistance, Unemployment Compensation, Workers Compensation
- Disability and / or Life Insurance Benefit

**Age Requirement Criteria:**

To be eligible, an applicant must be at least 65 years old. If the applicant is not at least 65 years old, the applicant must demonstrate that they are the paying party and they have some type of disability that would affect their ability to pay.

**BOROUGH OF EMMAUS  
ADDENDUM A:  
2022 LOW INCOME REDUCED REFUSE RATE APPLICATION**

**RATE: \$159.00** (If paid on or before March 6, 2022 the fee is \$154.00) (for full discount)  
**\$200.00** (If paid on or before March 6, 2022, the fee is \$190.00) (for partial discount)

**I. Who is eligible for the reduced rate?**

- a. The following stipulations must be met in order to be eligible for the reduced rate:
  - 1. Responsible paying party must be 65 years of age or older, unless otherwise meeting criteria pursuant to the Low Income Refuse Rate Policy.
  - 2. Your annual income for 2021 must not have exceeded the 100% or 125% levels of the Department of Health and Human Services Guidelines, pursuant to the Low Income Refuse Rate Policy.

**II. The following form must be approved by the Borough Manager by March 1st. It is the policy of the Borough of Emmaus to provide official written documentation of proof of all income. The following documentation requirements are consistent with the requirements of the PA 1000 Property Tax or Rent Rebate Form.**

- a. Enter total 2021 wages, salaries, bonuses, commission and other compensation as reflected on employer form W-2. \_\_\_\_\_
- b. Enter total 2021 Social Security earnings. \_\_\_\_\_
- c. Enter all 2021 income generated from interest received from stocks, bonds and banks, as per Schedule D. \_\_\_\_\_
- d. Enter all net income from 1099R Form (Pension, IRA's, Annuities) \_\_\_\_\_
- e. Enter all income from business or profession as reflected on Form 1940. \_\_\_\_\_
- f. SSI / Public Welfare revenue (as per the award letter) \_\_\_\_\_
- g. Enter all income from Railroad Retirement \_\_\_\_\_
- h. Enter all income from Veteran's Disability \_\_\_\_\_
- i. Enter all income from the Schedule C self-employment tax report \_\_\_\_\_
- j. Enter all income under Schedule K (Estate and Trust Income) \_\_\_\_\_
- k. Enter all income as reported on a 1099 Form \_\_\_\_\_
- l. Enter all income as per Schedule B (interest income) \_\_\_\_\_
- m. Enter all income as per Schedule E (rental property income) \_\_\_\_\_

- n. Enter income from all gambling and lottery winnings \_\_\_\_\_
- o. Enter all income from inheritances, alimony, and spousal support \_\_\_\_\_
- p. Enter all income from cash public assistance, unemployment compensation, and / or worker's compensation \_\_\_\_\_
- q. Enter all income from disability and / or life insurance benefits \_\_\_\_\_

**Further Consideration:**

Financial situations may change from time to time. If the applicant does not meet the financial guidelines as per the previous year's financial statements, further consideration may occur, provided the applicant submits the following information as well as all accompanying and supporting documentation. Failure to provide the below documentation shall result in no additional consideration for a waiver.

- W-2 withholding or unemployment check stubs for the past 120 days.
- Paycheck stubs for the past 120 days for all persons employed in the home.
- Any and all other forms of income for the past 120 days for all persons in the home.
- Application Forms from Medicaid or other State-funded medical assistance program.
- Forms from employers or welfare agencies, including proof of all other income received in the past 120 days. If an individual has separated employment or has lost a financial benefit, applicant must show proof of such loss.

**Monthly Family Income & Source Report:**

In addition, the applicant shall complete the following Monthly Family Income & Source Report:

**Monthly Family Income & Source**

	Patient	Spouse	Dependents
Monthly Salary (Gross)	\$ _____	\$ _____	\$ _____
Public Assistance Benefits	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other (Alimony, etc.)	\$ _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____	\$ _____
Total Family Income	\$ _____		

**Names and Ages of All Individuals in Household:**

Applicant is required to list all individuals and their age living under this address who are 18 years of age and over. In addition, the applicant shall list the additional number of individuals (without include of name) and their age under the age of 18.

Individuals Over 18 Years Old:

**Name:**

**Age:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individuals Under 18 Years Old:

Age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare, under the penalties of perjury, that this return has been prepared by me and to the best of my knowledge and belief that it is a true, correct and complete form. I also understand, by affixing my signature, that the Borough of Emmaus is not obligated in any way to approve my waiver request. Additionally, I authorize the Borough of Emmaus to verify any information contained in this document for the sole purpose of assessing financial need.

Name: \_\_\_\_\_

Refuse No. \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Approved by Borough Manager: \_\_\_\_\_

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

**ADDENDUM B**  
**Fiscal Year 2021 Pennsylvania Poverty Level Chart**

**Poverty guidelines for 2021–2022**

The following chart contains information from the Department of Health and Human Services (HHS). To determine your family size, count your children if they receive more than half their support from you, and count other persons if they live with you as well as receive more than half their support from you currently and for the foreseeable future. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, and so on.

Next, find the column that represents your place of residence. Read down to your family size. This is the poverty guideline for you.

<b>2021 Poverty Guidelines from HHS (48 Contiguous States and D.C.)</b>		
<b>Family Size</b>	<b>100% Poverty Level</b>	<b>125% Poverty Level</b>
1	\$12,880	\$16,100
2	\$17,420	\$21,775
3	\$21,960	\$27,450
4	\$26,500	\$33,125
5	\$31,040	\$38,800
6	\$35,580	\$44,475
7	\$40,120	\$50,150
8	\$44,660	\$55,825
For each additional per person, add:	\$4,540.00	\$5,675

**ADDENDUM C**  
**BOROUGH OF EMMAUS**  
100 N. 6<sup>th</sup> Street, Emmaus, PA 18049  
Telephone #: 610-967-5615  
Fax #: 610-967-4432

**Refuse Reduced Cost Notice**

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

Name: \_\_\_\_\_

Refuse Account #: \_\_\_\_\_

- Approved** – Your request for a reduced refuse assessment has been approved as a full reduction by the Borough of Emmaus. You have been approved for this discount on refuse service from the Borough of Emmaus. You will be required to pay \$159 (\$154 if paid by March 6).
  
- Approved** – Your request for a reduced cost of care has been approved as a price reduction for the 101% - 125% of the poverty level discount by the Borough of Emmaus. You have been approved to by the discounted assessment of \$200 (\$190 if paid by March 6). Please follow the payment instructions included in the attached letter.
  
- Denied** – As of this date, your request for reduced refuse assessment has been denied. You do not meet the threshold for a fee waiver or reduction per the Borough of Emmaus Financial Hardship Policy.
  
- Pending** – As of this date, your request for reduced refuse rate is pending. **ADDITIONAL PROOF OF INCOME / DEPENDENTS / FINANCIAL CONDITION MUST BE PROVIDED.**
  
- Pending** – As of this date, your request for reduced cost of care has been pended. You are involved in legal action related to this claim or injury. A final decision cannot be made until all legal cases have been settled.

If you have not qualified for Reduced Refuse Rate, please contact the Borough Hall Billing Office at 610-965-9292 for payment plan options.

Signature: \_\_\_\_\_  
Shane M. Pepe, Borough Manager

**ADDENDUM D  
BOROUGH OF EMMAUS**

**Initial Letter to Reduced Refuse Rate Application**

Date

Name

Refuse Account #

C/O

Address

City, State, Zip

Dear Mr. / Mrs. / Ms. / Miss:

The Borough of Emmaus is under the understanding you have expressed that you have a financial hardship regarding your refuse assessment. If this is indeed your situation, please complete the Financial Hardship and Reduced Refuse Rate application and return it to the Borough of Emmaus with the appropriate attachments and documentation within fifteen (15) days of the date at the top of this letter. The application will be reviewed within ten (10) business days upon receipt in our office. You will then be notified of our decision.

Your account shall be held for the next fifteen (15) days. If you do not submit the financial hardship application, you are required to send payment in full in the amount of \_\_\_\_\_ no later than \_\_\_\_\_, or in accordance with the refuse payment plan. If you start a payment plan, you must send payments of no less than \_\_\_\_\_ per quarter, whether you receive a statement or not.

Please note that if we do not receive payment within thirty (30) days, we will be forced to file your account in accordance with our collections policy. In such a case, you will risk further costs and collection fees. If you cannot afford to pay in accordance with the Borough's payment plan policy, please contact our offices to set up an alternate plan. It is our hope and goal that we can work out a payment plan that is feasible for both the Borough of Emmaus and yourself.

We appreciate your cooperation in making payments expeditiously. It is not our goal to resort to the collection process to process or collect unpaid debts. Nevertheless, it would be unfair to both the Borough of Emmaus who incurred the cost to provide service, as well as those who pay for their service to forego collection of debts owed to the Borough of Emmaus. We are confident that we can work as a team to resolve your billing situation.

Sincerely,

Shane M. Pepe  
Borough Manager

**ADDENDUM E  
BOROUGH OF EMMAUS REDUCED REFUSE RATE  
APPROVAL LETTER**

Date

Name  
Address  
Address

Account #:

Dear \_\_\_\_\_:

Thank you for submitting your recent financial hardship application for a reduced refuse rate assessment. We have reviewed your request and have approved a reduction on your balance due to the following reason:

- A. Proof of income is below the 100% of the Poverty Guidelines published by the Federal Government.
- B. Proof of income is between the 101% and 125% threshold of the Poverty Guidelines.
- C. You meet the age requirements and / or disability requirements in accordance with our policy.

This is a one-time reduction to your account. The financial hardship application will need to be submitted each year you are requesting a discount. Your refuse rate for this year shall be \_\_\_\_\_. If you pay by \_\_\_\_\_, your rate shall be \_\_\_\_\_. There is no payment plan for the discounted rate. If you fail to pay by \_\_\_\_\_, you shall be required to pay a penalty in the amount of \_\_\_\_\_, and further collection efforts shall be made in accordance with Borough policies.

We truly hope that this reduction in your refuse rate helps reduce some of your financial burden.

Sincerely,

Shane M. Pepe  
Borough Manager

**ADDENDUM F  
BOROUGH OF EMMAUS REFUSE DISCOUNT REQUEST  
DENIAL LETTER**

Date

Name  
Address  
Address

Refuse Account #:

Dear \_\_\_\_\_:

Thank you for submitting your recent financial hardship waiver application for the reduced refuse assessment fee. We have reviewed your request, however, unfortunately we cannot grant a discount to your bill for the reasons listed below:

- A. Proof of income – You do not meet the income requirements or there was inadequate information to determine that you meet the income requirements.
- B. You do not meet the age and / or disability requirement.

If you would like to appeal this decision, please feel free to contact me within the next ten days of this notification. Please send any and all additional information that may assist the Borough in changing the decision that was previously made.

Please feel free to contact me if you have any questions or concerns regarding this decision. You can reach me via telephone number 610-965-9292.

Sincerely,

Shane M. Pepe  
Borough Manager