

# INSTRUCTIONS FOR TRASH REBATE FORM

1. This Trash Rebate is for the current year. Therefore, current year Township Tax Bill must be paid before rebate is issued.
2. **REBATE WILL NOT BE GIVEN** without submission of a copy of your **PA Property Tax Rebate Form AND** a copy of your **Social Security Benefits** received for the prior year.
3. Income is based on total combined income received by you, your spouse and others residing with you.
4. Property owner must submit a completed rebate form before May 31st for the July 15th rebate or before August 31st for the October 15th rebate.
5. If you are a **NEW** claimant, include with the Rebate Form:
  - Proof of age (unless disabled)
  - Proof of disability (if disabled)
  - Proof of ownership of property (deed, will, tax bill, etc.)
  - Proof of being a widow or widower
6. Be sure to check the box which shows your correct filing category.
7. If your marriage ended in divorce, you **DO NOT** qualify as a widow/widower.
8. If you are claiming eligibility because your spouse (residing with you) is age 65 or older and you are not, you must submit proof of your spouse's age.

**TOWNSHIP OF HAVERFORD**  
**1014 Darby Road**  
**Havertown, PA 19083**

**FINANCE DEPARTMENT**  
**TRASH FEE REBATE PROGRAM**  
 Refund Checks To Be Issued July 15 & October 15

<p><b>A.</b> Rebate for Year:eee _____</p> <p>Your Social Security No. _____ Spouse's S.S. No. _____</p> <p>Claimant's Last Name _____ First Name &amp; Middle Initial _____</p> <p>Home Address _____</p> <p>City or Post Office _____ State _____ Zip Code _____</p> <p>Claimant's Birthdate _____ Claimant's Phone Number _____</p> <p>Spouse's Birthdate _____ Spouse's First Name _____</p>	<p><b>B.</b> This Claim Form Must be Filed by May 31 for July Rebate or by Aug. 31 for Oct. Rebate.e</p> <p>1. I am filing for a rebate as the Property Owner and Certify having a total household income of less than \$15,000. <input type="checkbox"/></p> <p>2. I Certify that I am also:eee</p> <p><input type="checkbox"/> A claimant, age 65 or older as of December 31 ofeee the previous year.eee</p> <p><input type="checkbox"/> A Widow or Widower, age 50-64 as of Decembereee 31 of the previous year.eee</p> <p><input type="checkbox"/> Permanently disabled and age 18-64 as ofeee December 31 of the previous year.eee</p> <p style="text-align: center;"><i>CHECK APPROPRIATE BOXES</i></p>
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<p><b>C.</b> List Below ALL Income Received by Residents of the Household During the Entire Year</p> <p>3...Social Security, SSI Payments and Retirement Benefits _____</p> <p>4...Pensions and Annuities..... _____</p> <p>5...Interest, Dividends &amp; Capital Gains ..... _____</p> <p>6...Net Rental Income ..... _____</p> <p>7...Net Business Income ..... _____</p> <p>8...Other Income..... _____</p> <p>9...Total Income of Claimant &amp; Spouse (Total Income May... NOT Exceed \$15,000)... _____</p> <p>10. If total on line 9 is less than \$15,000 but greater than \$9,000—Rebate is \$30</p> <p>11... If total on line 9 is less than \$9,000—Rebate is \$50...</p>	<p><i>Official Use Only</i></p> <p>3.. _____</p> <p>4.. _____</p> <p>5.. _____</p> <p>6.. _____</p> <p>7.. _____</p> <p>8.. _____</p> <p>9.. _____</p> <p>10.. _____</p> <p style="text-align: center;">Rebate</p> <p><input type="checkbox"/> \$50.00... <input type="checkbox"/> \$30.00...</p>
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<p><b>D.</b> Excessive claims made with fraudulent intent will subject the claimant to a penalty of 25% of the entire amount claimed. The claimant shall be guilty of a misdemeanor punishable by a fine up to \$1,000 and/or imprisonment for up to one year upon conviction.</p>			
<p>Claimant: I declare that this claim is true, correct and complete to the best of my knowledge and belief, and this is the only claim filed by members of my household.</p>	<p>Preparer: I declare that I prepared this return and that it is, to the best of my knowledge and belief, true, correct and complete.</p>		
<p>Claimant's Signature (Claimant Must Sign) _____ Date _____</p>	<p>Preparer's Signature (if other than Claimant) _____ Date _____</p>		
<p>Preparer's Phone Number ( ) _____</p>			

**SEE INSTRUCTIONS ON REVERSE SIDE**