



# DALLAS AREA MUNICIPAL AUTHORITY

101 MEMORIAL HIGHWAY  
SHAVERTOWN, PA 18708-9603

PHONE: (570) 696-1133

FAX: (570) 696-2363

WEB: [www.Damaonline.org](http://www.Damaonline.org)

E-MAIL: [office@damaonline.org](mailto:office@damaonline.org)

April 21, 2023

Dear Valued Customer:

Enclosed is the APPLICATION FOR LOW INCOME ELIGIBILITY, SOLID WASTE AND RECYCLING FEES.

Approval is based on the receipt of the completed application and required proof of income, **including a copy of your most recent Federal Tax Return** if applicable. Upon receipt of this information, DAMA and your local municipality will determine eligibility.

Please return this application and the required income documentation before **May 15, 2023** to be considered for this credit. If approved, a yearly credit of **\$90.00** will be applied to your third quarter solid waste quarterly invoice.

If you have any questions, please do not hesitate to contact this office for assistance.

Sincerely,

Susan C. Lee

Assistant to the Executive Director



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## APPLICATION FOR LOW INCOME ELIGIBILITY

### SOLID WASTE AND RECYCLING FEES

This application is necessary for determining eligibility for reduction of the DAMA Trash and Recycling fee. Your statements on this form will be used to determine eligibility.

It is understood that the applicant has no vested rights or privileges under the program or any adjustment in fee related thereto. All adjustments, if any, are within the sole discretion of the Municipalities and may be increased, decreased, withdrawn, modified, amended, terminated or reinstated any time without notice.

Household income is defined as the aggregate gross income for **all** persons who reside within the residential unit for any calendar quarter for which reduction is claimed.

Homeowners and renters with gross annual income **at or less than** the following may be eligible:

<u>Household Size:</u>	<u>Maximum Income:</u>
One Person	\$20,385.00
Two Persons	\$27,465.00
Three Persons	\$34,545.00
Four Persons	\$41,625.00
Five Persons	\$48,705.00
Six Persons	\$55,785.00
Seven Persons	\$62,765.00
Eight Persons	\$69,945.00

For each additional person add \$7,080.00

I / We are Homeowners \_\_\_\_\_ I / We are Renters \_\_\_\_\_

Household Size: \_\_\_\_\_ Maximum Income: \_\_\_\_\_

Name: \_\_\_\_\_ DAMA Account Number \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Municipality: Dallas Borough \_\_\_\_\_ Dallas Township \_\_\_\_\_ Kingston Township \_\_\_\_\_

\*\*\*\*\***RETURN THIS FORM WITH PROOF OF INCOME**\*\*\*\*\*  
**PROOF OF INCOME**



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Attach all proof of income documents for the past 12 months, include your prior year tax return (a copy if possible) or present at the DAMA office:

- **A copy of the prior year tax return 1040,1040A or 1040EZ**
- Pay stubs or employer statement showing gross wages.
- Veterans Benefits – Award Letter
- Unemployment Compensation – Eligibility Notice
- Public Assistance
- Black Lung – Award Letter
- Social Security – Copy of Check
- Support – Copy of Current Statement
- Workers Compensation – Statement from Employer
- Other

## **YOUR APPLICATION CANNOT BE PROCESSED WITHOUT PRIOR YEAR PROOF OF INCOME**

PLEASE READ THE CERTIFICATION ON PAGE THREE AND IF YOU AGREE TO THE CERTIFICATION PLEASE SIGN AND DATE.

APPLICATIONS MAY BE SENT TO:

DAMA  
101 MEMORIAL HIGHWAY  
SHAVERTOWN, PA 18708

(570) 696-1133

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## **AFFIDAVIT**

1. I swear / affirm that all information contained in this application is true, correct, and complete to the best of my ability, knowledge, and belief.
2. I am aware that I can be penalized by fine and/or imprisonment for making false statements.
3. I affirm that my legal residence is in Dallas Borough, Dallas Township, or Kingston Township, Pennsylvania.
4. I authorize the municipality or their designated agent to verify and obtain any information concerning statement made on this application.
5. I represent that the undersigned has the authority to sign this application and will supply any and all additional information or documents as requested from time to time.

**Attest (Witness)**

**Applicant**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPROVED (DAMA REPRESENTATIVE)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PROOF OF INCOME**