



Hardship Waiver City of Salem

For Curbside Bulk Item Pick Up & Mattress and Box Spring Curbside Pick Up



1. Name:
First Name Middle Name Last Name

2. Address:
(Street and Number) (City/Town) (State and Zip)

SECTION 1: I AM INDIGENT in that (check only one):

A.

- I receive public assistance under (check form of public assistance received):
- Transitional Aid to Families with Dependent Children (TAFDC) Emergency Aid to Elderly, Disabled, or Children (EAEDC)
 - Supplemental Security Income (SSI) Medicaid (MassHealth)
 - Massachusetts Veterans Benefits Programs; **OR**

B.

- I am unable to pay the fees and costs of this service, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter, or clothing.

SECTION 2: I request that the following fees for Curbside Bulk Item Pickup or Curbside Mattress and Box Spring Recycling services be waived.

- Curbside Bulk Item Pick Up (\$20/item)
- Curbside Mattress/Box Spring Pick Up (\$20/item)

Total Amount Requested to be waived: \$_____

Signature: Date of Signature
MM DD YY

Please return to Waste Reduction Coordinator Engineering Department 2nd Floor 98 Washington Street Salem MA 01970