



ORANGE COUNTY TAX OFFICE
REVENUE AND COLLECTIONS DIVISION
228 S CHURTON STREET, SUITE 200
PO BOX 8181
HILLSBOROUGH, NORTH CAROLINA 27278
Telephone (919) 245-2100 Fax (919) 644-3332

2023 Solid Waste Programs Fee Income Assistance Application **Check List**

- Completed and signed Solid Waste Programs Fee application.

- Provide copies of all filed Individual Federal Income Tax Return pages, including Schedule 1 (if applicable) for the preceding calendar year for both spouses and all joint property owners. Married applicants filing separate returns must submit both tax returns.

Applications will not be processed without proper Federal Income Tax documentation. All applications and supporting documents must be received in the Orange County Tax Office **before December 31, 2023**.

Should you have any questions, please contact Jennifer Fowler at jfowler@orangecountync.gov or (919)245-2728.

**ORANGE COUNTY SOLID WASTE PROGRAMS FEE (SWPF)
ASSISTANCE APPLICATION
YEAR 2023**

A taxpayer may submit an application provided that he or she:

- (1) Has an income for the preceding calendar year (2022) of not more than thirty-three thousand eight hundred dollars (\$33,800)
- (2) Is an Orange County resident or a resident of one of the three municipalities within Orange County
- (3) Is applying for assistance for his or her principal residence

Income is defined as all money received from every source, other than gifts or inheritances received from a spouse, lineal ancestor, or lineal descendant. For married applicants the income of both spouses must be included, whether or not the property is in both names.

Income Example:

If an applicant's income for 2022 was \$4,500 and his Social Security benefits were \$6,000 (which are not taxable), his total income for 2022 would be \$10,500. Both these figures may be found on the applicant's 2022 individual Federal Income Tax Return. Assuming this was all the income for the year, the applicant would qualify.

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Full Name		
Residence Address		
City, State, Zip		
Parcel ID (PIN)		
Telephone Number		

What percentage of ownership does applicant(s) have in the property? _____

If not 100%, list the name of other owner(s). _____

Is the property the permanent residence of the applicant(s)? _____

If the applicant has already qualified for Homestead Exemption, he or she is only required to complete the information above, and sign the second page. If the applicant is not applying for, or does not qualify for Homestead Exemption, the entire application must be completed and all supporting documents must be submitted in order for this application to be processed.

If the applicant's income level is low enough that he or she is not required to file a Federal Tax Return, enter the income for the preceding calendar year on this line \$_____ and attach a copy of Form SSA-1099 Social Security Benefit Statement. All social security numbers remain confidential. If the applicant was required to file a federal income tax return, the next section should be completed.

Enter the required income information from the individual federal income tax return for the preceding calendar year below. If filing a joint return, place all income information in the applicant column.

APPLICANT

CO-APPLICANT

Wages, Salaries, Tips, etc	
Interest received	
IRA Distributions	
Pensions and Annuities	
Social Security Benefits	
Capital Gains	
All other Monies received	
TOTAL	

Include a copy of the first page of the individual federal income tax returns for the preceding calendar year. If the return has not been filed yet, a copy of the first page should be submitted as soon as it is filed. While income tax returns are confidential and will be treated as such, any information except for the items listed in the section above may be blacked out. This application will be held until the income tax information is received, and will not be processed until it is complete. All applications and supporting documents must be received in the Orange County Tax Office before December 31, 2023.

All information is subject to verification with the North Carolina Department of Revenue.

AFFIRMATION OF CLAIMANT:

I hereby affirm to the best of my knowledge and belief that all of the information I have furnished in connection with this application is true and complete.

Applicant's Signature _____ **Date submitted** _____

Return completed application to:
 Orange County Tax Office
Attn: Solid Waste Programs Fee Assistance
 PO Box 8181
 Hillsborough, NC 27278-8181

Contact 919-245-2100, option 2 for questions.

FOR OFFICE USE ONLY

 Verified/Approved by Parcel Identification Number Account Number

Approved _____ Denied _____

 Tax Administration Director's Signature