



TOWN OF SHARON

Council on Aging
Sharon Adult Center
219 Massapoag Avenue
781-784-8000

Board of Health
Sharon Town Hall
90 South Main Street
781-784-1500

Dept. of Public Works
217 South Main Street
781-784-1525

April 11, 2024

Dear Sharon Resident,

The Sharon Council on Aging is currently accepting applications from residents who qualify for the free Town-Sponsored Trash Pickup Program and/or the Income-Based Water Discount Program for the 2025 fiscal year (July 1, 2024 – June 30, 2025). **Residents currently receiving these services *must* reapply again for the 2024-2025 year which begins July 1st.**

A general information sheet and application form for these programs are enclosed with this letter. Please note to qualify for the **Town-Sponsored Trash Pickup Program & Income-Based Water Discount Program** - Residents must be 60 years of age or older **and** demonstrate financial need. Residents under 60 must be disabled; disability must be verified by a physician (Physician Statement is enclosed with this packet).

Applications must be returned to the Sharon Council on Aging, 219 Massapoag Avenue. Please submit the application and required documentation ***no later than June 1, 2024*** to insure participation in these programs continues uninterrupted. Make sure all required documentation is attached to application; ***incomplete applications will not be reviewed.*** Applications will be reviewed in order of receipt by the Council on Aging and subject to available funding each fiscal year. The Council on Aging will send notification of acceptance or denial to the program.

If you are receiving any type of financial assistance or have no income, there are forms included in this packet that must be completed and submitted with your application and financial documents.

For further information or questions regarding the application process for either of these programs, contact the Sharon Council on Aging at 781-784-8000.



TOWN OF SHARON

Council on Aging
781-784-8000

Dept. of Public Works
781-784-1525

Town-Sponsored Trash Pickup Program Income-Based Water Discount Program

GENERAL INFORMATION FY25

The Town of Sharon offers free town-sponsored trash pickup and an income-based water discount program for qualified residents. Applications will be reviewed in order of receipt by the Town of Sharon and are subject to available funding each fiscal year. **Applications will not be considered complete unless all necessary financial information and documentation of disability, if applicable, is received.**

ELIGIBILITY REQUIREMENTS FOR BOTH PROGRAMS:

- Applicants must be at least 60 years of age *and* demonstrate financial need as follows:
 - single person:income not greater than \$60,523/ year
 - two people:income not greater than \$79,145/ year
 - more than two people:contact Council on Aging for guidelines (781-784-8000)
- Renters: If you are applying for these programs as a renter, you **must** include a copy of your lease which stipulates that you are responsible for paying for trash removal and/or water service.
- Applicants under age 60 **must** be disabled (the enclosed Physician Statement must be returned with the application) and must meet the household income limits listed above.
- Verification of gross income from **all household members** and **all sources** (i.e., employment, social security, IRA/other, interest income, etc.) must be attached (examples: social security payments, bank statement with direct deposits, page 1 & 2 of 2023 federal income tax return, etc.). Untaxed income is counted towards total gross income.
- **If you are receiving financial assistance with household/other expenses or if you have no income**, the appropriate form(s), included with this packet, must be returned with your application. If this information is not included, the application will be considered incomplete.

APPLICATION PROCEDURE

- Application and required documentation should be returned to the Sharon Council on Aging, 219 Massapoag Avenue, Sharon, MA, 02067.
- Completed applications will be reviewed by the Council on Aging. Notification of acceptance or denial into program will be sent from the Council on Aging.
- Residents who received these services in fiscal year 2024 (July 1, 2023 – June 30, 2024) **must reapply** for service for fiscal year 2025 (July 1, 2024 – June 30, 2025).

GENERAL INFORMATION

- Applications for this service may be submitted quarterly; however, all applications are subject to available funding.

For service beginning:	Application deadline:
July 1, 2024	June 1, 2024
October 1, 2024	September 1, 2024
January 1, 2025	December 1, 2024
April 1, 2025.....	March 1, 2025

- Participants in the Town-Sponsored Trash Pickup Program will receive **one** 35-gallon barrel.
- All residents must be able to have trash at curbside for pickup.
- Participants in the Income-Based Water Discount Program will have the Capital Project Fee waived from their bill; participants are still responsible for all water usage charges.
- For further information, contact:
 - Sharon Council on Aging: 781-784-8000 (for questions regarding the application process)
 - Sharon Department of Public Works: 781-784-1525, ext. 2314 / 2315 (for questions regarding service and/or billing)



TOWN OF SHARON
Sharon Council on Aging / Dept. of Public Works

**APPLICATION FOR TOWN-SPONSORED
 TRASH PICKUP AND INCOME-BASED WATER DISCOUNT PROGRAMS
 July 1, 2024 – June 30, 2025**

All applicants for the Subsidized Trash Pickup Service / Town-Sponsored Water Discount programs should complete this application and return it to the Sharon Adult Center / Council on Aging, 219 Massapoag Avenue, Sharon, MA, 02067. **NOTE:** For renewal applications, this application form and verification (income and disability, if applicable) must be submitted each year. This service is based on available funding each fiscal year. If you have any questions, please call the Adult Center, 781-784-8000.

Please check the program(s) you are applying for:

- Town Sponsored Trash Pickup Program Income-Based Water Discount Program

Please print all information

Name of applicant _____ Birth date _____

Address _____ Telephone _____

List all other members of household (list additional names & birthdates on back of this page):

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

If under 60 years of age, you must have a certified disability. For purpose of verification, please return the Physician's Statement included with this application in addition to all required income verification information.

Total household income: _____

Qualifying household income guidelines: single person - \$60,523/year; two people - \$79,145/year

Verification of gross income from **all household members** and **all sources** (i.e., employment, social security, IRA/other, interest income, etc.) must be attached (examples: social security payments, bank statement with direct deposits, page 1 & 2 of 2023 federal income tax return, etc.). If applicable, the *Financial Assistance Statement* and/or the *No Income Form* must be submitted with this application. **Incomplete applications will be returned.**

To the best of my knowledge, the above information and all attachments are complete and accurate.

Signature

Date



SHARON COUNCIL ON AGING
781-784-8000

FINANCIAL ASSISTANCE STATEMENT

Applicant Name: _____

Address: _____

To be completed by the person giving the assistance:

Please be informed that I, _____
(printed name of person *giving* assistance)

certify that the following is a true and complete account of the financial assistance I am giving/have given.

(printed name of person *receiving* assistance)

I give/gave him/her \$ _____ per week month

I am currently giving/have given him/her financial assistance with:

(examples: paying taxes, water, trash, utilities, mortgage, food, car, etc.)

Relationship to applicant: _____

Your address: _____

Your telephone: _____



SHARON COUNCIL ON AGING
781-784-8000

NO INCOME FORM

Applicant Name: _____

Address: _____

Please explain how you meet your basic living expenses, specifically utilities; rent/mortgage; taxes (note if taxes are deferred); clothing, personal care, medical expenses; car and/or transportation expenses; other:

Do you receive any type of financial assistance, either directly or indirectly?

Yes No If yes, please explain: _____

To the best of my knowledge, the above information is complete and accurate.

 Signature

 Date



CONFIDENTIAL PATIENT WAIVER & PHYSICIAN STATEMENT

Return this attached physician's statement to: Sharon Adult Center/Council on Aging, 219 Massapoag Avenue, Sharon MA 02067 or fax: 781-784-6126. Please mark envelope "Attention: Outreach Coordinator."

Please complete this form for the Town of Sharon and return to Sharon Adult Center/Council on Aging as soon as possible. **Application for this program cannot be completed without this statement.**

I, _____

allow my physician, Dr. _____

(print name and address of doctor)

to provide the information below to the Town of Sharon, Adult Center/Council on Aging. This information will be treated confidentially.

(signature of patient)

.....
PHYSICIAN COMPLETE BELOW:

The above-named person is requesting to be considered for the Town-Sponsored Trash Pickup & Water Discount program. To qualify, any applicant under 60 years of age must have a disability certified by their physician. Please note **ALL** diagnoses and name of disability/disabilities.

Physician's signature

Date

Please print name

For more information contact the Sharon Adult Center/Council on Aging, 781-784-8000