

Camden County Curbside Collection Office

P.O. Box 99 • Woodbine, GA 31569 • Phone: (912) 510.6881 • Fax: (912) 576.4296



Poverty Exemption Request

I hereby request a POVERTY EXEMPTION from the fee associated with curbside collection service. I understand that this is for the remainder of the year. I understand that this exemption is intended for persons that own the service property, are living at the residence, and can be verified as an extremely low income person by the county DFACS income limits.

Name (Please Print): _____ Account Number: _____

Combined household income: _____ # persons in house: _____

Are you over 65 years old? _____ Are you disabled? _____

Do you own the property? _____ Phone Number: _____

Physical/Service Address: _____

Mailing Address (if different): _____

The following documentation must be included with this application. To fully process the application we would need proof of your ENTIRE household income.

- ☐ Proof of Citizenship (*SAVE Affidavit*)
- ☐ Copy of Photo-ID (*secure and verifiable identification*)
- ☐ Bank Statements
- ☐ Social Security Benefits (*if applicable*)
- ☐ Child Support records (*if applicable*)

OWNER ACKNOWLEDGEMENT

I authorize Camden County to verify any information provided in this request. I will notify the county if my situation changes.

Customer Signature

Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____

This request was APPROVED / DENIED on _____ by _____.

"Georgia's Coastal Community of Choice"

SAVE AFFADAVIT
O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Curbside Collection Poverty Exemption, as referenced in O.C.G.A. § 50-36-1, from Camden County Board of Commissioners, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ____ I am a United States citizen.
- 2) ____ I am a legal permanent resident of the United States.
- 3) ____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____ .

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document (*a photo-ID*), as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: