

2025 PAY AS YOU THROW (PAYT) APPLICATION FORM

The Town of Tiverton has enacted a Pay As You Throw (PAYT) trash pick-up program. Residents that meet the following guidelines may be eligible for FREE TRASH BAGS.

ELDERLY LOW INCOME: If you receive this exemption, you automatically qualify for Free trash bags and you need not file this application.

RENTERS: Annual Household Income Limit of \$30,120 for single household, \$40,880 for two person. Contact Assessor's office if more than 2 in a household (18+).

PROPERTY OWNERS: Annual Household Income limit same as above; PLUS your home's property assessment cannot exceed the 'average assessed value' in the tax year immediately following a town-wide revaluation. Assessment includes all real property owned. The 2025 assessment limit is \$480,000.

All applicants **excluding** those who qualify for the Elderly Low Income Exemption must file an annual application with the Tax Assessor. The Tax Assessor reserves the right to request documentation including but not limited to Federal Tax Returns to ensure income compliance. Applications will be available and accepted in the Tax Assessor's Office between May 1st and May 31st; the filing deadline which cannot be extended. Applicants are automatically approved unless the Tax Assessor contacts you with a denial. Approved applicants must pick up their **annual** supply of free trash bags between June 9th and June 13th at the Department of Public Works (DPW) complex located behind the Police Station. Trash bags are not available at Town Hall.

NAME:						
ADDRESS:						
PHONE NUMBER:						
PLEASE CIRCLE BELOW WHAT TYPE OF HOME THIS IS:						
SINGLE FAMILY	2-FAMILY	3-FAMILY	OTHER:			
DO YOU OWN OR I	RENT THIS PR	ROPERTY? _	OWN	RENT*		
*If you are renting a from the property ov time applicant or you	vner stating tha	at they are rent				
DO YOU OWN ANY	OTHER REAL	ESTATE:	IF YES, \	WHERE?		

NUMBER OF PER	SONS OVER THE AG	GE OF 18 IN YOUR HOL	JSEHOLD:
LIST BELOW ALL	OCCUPANTS OVER	THE AGE OF 18 AND T	HEIR RELATION TO YOU:
LIST BELOW INCO	OME FROM ALL OCC	CUPANTS OVER THE AC	GE OF 18:
YEARLY INCOME:	<u>APPLICANT</u>	SPOUSE/OTHER	OTHER OCCUPANT(S)
Wages/Salary	\$	\$	\$
Social Security	\$	\$	\$
Disability	\$	\$	\$
Pensions	\$	\$	\$
Interest Income	\$	\$	\$
Rental Income	\$	\$	\$
Other Income	\$	\$	\$
TOTAL	\$	\$	\$
be considered unt	il this information is	s provided to the Tax A	
myself, spouse, an additional informati to the Tax Assess Federal Tax Returnautomatic denial.	d other occupants (i on to the Tax Assess sor is not open to p a and W-2s to this ap	f any). I understand that sor if requested (ALL fir public inspection). Plea plication (all occupants); I to file an IRS tax return	ded is complete and accurate of the I may be required to present the I may be required to present the I may be required to file IRS the I may be required to file IRS
SIGNATURE:			
DATE:			
PLEASE CALL	THE TAX ASSESSO	PR'S OFFICE WITH ANY	QUESTIONS AT 625-6709
OFFIC	E USE ONLY	APPROVED	DISAPPROVED