

APPLICATION FOR EXTENDED PAYMENT PERIOD FOR ANNUAL SOLID WASTE FEE

BOROUGH OF EAST STROUDSBURG

Name of Resident/Property Owner _____

Name of Contact Person (if not Owner) _____

Address: _____ Phone Number (____) _____

_____ Fax Number (____) _____

Account No. _____ Email address _____

Low/moderate Income Eligibility for Hardship Provision Allowing for an Extended Payment Period

I/we certify that based on family size our household meets the income guidelines for low/moderate income for Monroe County based on the annual income figures published for the federal Community Development Block Grant (CDBG) Program. (see attached)

Signed by: _____ Date: _____
Resident/Owner

Pursuant to the hardship provision, I/we understand that an extended payment period is hereby granted for full payment of the annual solid waste fee.

I/we understand that if the annual solid waste fee is not paid in full within 180 days of billing, a penalty fee or late charge of 10% shall be added to the balance of the solid waste user fee that is unpaid or outstanding. In addition, any amount of the annual solid waste fee that is unpaid or outstanding more than 180 days from the date of billing, shall bear interest from the date the invoice is issued at the rate established in the Schedule of Fees adopted by Resolution of Council.



FOR BOROUGH USE ONLY

Extended Payment Period for hardship applicant approved (date): _____

Record of payments received:

Payment received (Amount) _____ (date): _____

Payment received (Amount) _____ (date): _____

Payment received (Amount) _____ (date): _____