



**2017 URBAN BEAR MANAGEMENT ASSISTANCE
APPLICATION For 64-Gallon Bear Resistant Refuse Container**

PARCEL ID#:		PROPERTY ADDRESS:
Number of people living at this address:		_____
Contact Telephone Number:		_____
Resident(s)		Monthly Income
Resident 1:		\$ _____
Resident 2:		\$ _____
Resident 3:		\$ _____
Total Income All Residents		\$ _____

PROOF OF INCOME		2017 Federal Poverty Guidelines (150%)		
CHECK BOX that matches the form you are attaching. Need at least one listed document for each owner.		Number in Household	Annual Income	Monthly Income
<input type="checkbox"/>	Most Recent Tax Return (2016)	1	\$ 17,820	\$ 1,485
<input type="checkbox"/>	Two (2) most recent pay stubs	2	\$ 24,030	\$ 2,003
<input type="checkbox"/>	Social Security Award Letter	3	\$ 30,240	\$ 2,520
<input type="checkbox"/>	Pension statement	4	\$ 36,450	\$ 3,038
<input type="checkbox"/>	Bank statement showing deposit of income	5	\$ 42,660	\$ 3,555
<input type="checkbox"/>		6	\$ 48,870	\$ 4,073

I hereby agree to comply with Urban Bear Management requirements of Chapter 258 of the Seminole County Code of Ordinances and attest that the property address is within the Urban Bear Management Area of Seminole County (currently west of I-4).

Signature _____ Date _____

Please MAIL completed application and proof of income to:

Community Assistance Division
534 West Lake Mary Boulevard
Sanford, FL 32773

Income questions: Call 407-665-2300. General questions: Call 407-665-2260.

CA USE ONLY:

APPROVED _____

DISAPPROVED _____

Limit one bear-resistant container per residence
Available only while grant funds remain

SWMD USE ONLY:

Approved: _____

Logged: _____

Receipt: _____