

TOWNSHIP OF CHESTER  
TRASH REBATE APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FOLIO NO. \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ AGE \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_

ANNUAL INCOME \_\_\_\_\_

SOURCE OF INCOME \_\_\_\_\_

NUMBER IN HOUSEHOLD \_\_\_\_\_

2018 TWP. REAL ESTATE TAXES PAID                      AMOUNT \_\_\_\_\_

DATE PAID \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

**\*\* TO BE ELIGIBLE, YOU MUST BE 65+ OR TOTALLY DISABLED AND  
RESIDING IN YOUR RESIDENCE. TOTAL YEARLY INCOME MAY NOT  
EXCEED \$22,000. \*\*MUST PROVIDE PROOF OF TAXES PAID.  
ALL APPLICATIONS MUST BE TURNED IN BY JUNE 30, 2019.**