



CITY OF TAUNTON SENIOR CURBSIDE TRASH BAG PROGRAM

Full Twelve Month Bag per Year Eligibility Requirements (12 City of Taunton PAYT Bag Sleeves):

1. City of Taunton Residents 65 years of age or older
2. Living in a single through four-family residence within the City of Taunton
3. Participate in one of the following economic relief programs:
 - o City’s Senior Tax Exemption Program OR
 - o Massachusetts Department of Transitional Assistance Supplemental Nutrition Assistance Program (MA DTA SNAP) OR
 - o Massachusetts Department of Housing and Community Development Low Income Home Energy Assistance Program (LIHEAP) OR

Six Month Bag per Year Eligibility Requirements (6 City of Taunton PAYT Bag Sleeves):

1. City of Taunton Residents 65 years of age or older
2. Living in a single through four-family residence within the City of Taunton

To apply for participation in the City’s program, residents must complete the information below. In addition applicants are required to provide proof of age and residency with this application. Examples may include: valid MA Driver’s License, MA State ID card, birth certificate, utility bill, etc.

For applicants that participate in MA DTA SNAP or LIHEAP, proof of program participation will be required. For applicants that participate in the City’s Senior Tax Exemption Program, participation will be verified.

All applications must be returned the DPW. Applications will be reviewed for completeness and eligibility. Once approved, residents will be responsible for picking up one (1) sleeve of trash bags at the DPW and will only be allowed the one (1) sleeve per month. Sleeves will only be distributed to the approved resident and identification will be required at time of pick-up.

For questions on the application, the City’s *Senior Curbside Trash Bag Program*, or the City’s Trash and Recycle services provided, please contact the Department of Public Works at 508-821-1431.

Date of Application: _____

Resident Information

Name of Resident: _____

Address: _____ Taunton, MA
Street Name, Apt#

Single-Family Two-Family Three-Family Four-Family Duplex Mixed-Use

Date of Birth: ____ / ____ / ____ Phone Number: (____) _____

Participation in MA Department of Transitional Assistance Supplemental Nutrition Assistance Program (SNAP)

Participation in MA Department of Housing and Community Development Low Income Home Energy Assistance Program (LIHEAP)

Participation in City of Taunton Senior Tax Exemption Program

City of Taunton Senior Applicant (Eligible for Six Months/Six Sleeves)

Signature: _____