



Hardship Refuse and Recycling Collection Program Application

Name: _____	Address: _____
Phone Number: _____	Email: _____

Please circle your answers to the following questions. A response is not required for each question. Eligibility will be evaluated using only those responses provided.

- | | YES | NO |
|---|-----------|-----------------|
| 1. Is the head of your household 65 years old or greater? | Yes | No |
| 2. Do all occupants of your household receive or qualify for: | | |
| A. Social Security Disability Benefits | Yes | No |
| B. Veterans Administration Disability Benefits | Yes | No |
| C. Civil Service Disability Benefits | Yes | No |
| D. Railroad Retirement Disability Benefits | Yes | No |
| 3. Do all occupants of your household have a Class 2 disability card from the Illinois Secretary of State's Office? | Yes | No |
| 4. Do all occupants of your household have or qualify for a disabled license plate? | Yes | No |
| 5. Do you require a vacation stop be placed on your account for three (3) or more months in a year? | Yes | No |
| 6. Where would you prefer to have your refuse, recycling, and landscape waste collected from? | Back door | Top of driveway |
| 7. Please provide a narrative for why this service is needed: | | |

I hereby certify that all answers I have provided are true and that I may be required to show proof of an answer at the request of the Village of Glenview or I may be denied hardship refuse and recycling collection.

Signature

Date

Applications may be submitted by email to chriso@glenview.il.us, by fax to 847-724-1345, or by mail to Chris Offerman, 2498 East Lake Avenue, Glenview, IL 60026.

For Internal Use Only	
Applicant # _____	Date Received _____