



Town of Barnstable
 Transfer Station & Recycling Center
 July 1, 2026-June 30, 2027
 Financial Aid Application
 \$100

<u>For Office Use Only</u>
Date: _____
SD: _____
LID: _____
A/D: _____
NR: _____

PLEASE PRINT

Applicant's Name	Email if preferred over mailed response
Street	PO Box Village Zip Code
Village Zip Code	Phone Number

Please list **ALL** persons living in this household and their ages- **INCLUDING APPLICANT**

<u>Applicant name</u>	Age	Name	Age

Applicants must submit a copy of their COMPLETE 2025 FEDERAL INCOME TAX RETURN INCLUDING SCHEDULE C (FOR BUSINESS OWNERSHIP) FOR ALL PERSONS IN HOUSEHOLD with any other documentation evidencing assistance currently receiving. All information will be kept confidential.

GROSS INCOME FOR **ALL** PERSONS IN HOUSEHOLD

Wages from employment	\$ _____ weekly/monthly/yearly
Schedule C (business ownership)	\$ _____ weekly/monthly/yearly
Social Security	\$ _____ weekly/monthly/yearly
Social Security Disability	\$ _____ weekly/monthly/yearly
Veterans Benefits	\$ _____ weekly/monthly/yearly
Pensions	\$ _____ weekly/monthly/yearly
Unemployment Benefits	\$ _____ weekly/monthly/yearly
Retirements/ Investment Income	\$ _____ weekly/monthly/yearly
Alimony	\$ _____ weekly/monthly/yearly
Total Income	\$ _____ Weekly/Monthly

This application will not be processed unless information above is completed and all documents requested are attached.

***PLEASE ENCLOSE A VALID REGISTRATION FOR THE VEHICLE WHICH THIS PERMIT IS BEING PURCHASED.**

If your car is not registered in Barnstable or is registered to a post office box, you must provide a copy of a tax bill, deed or rental agreement showing your name linked to your Barnstable address with a copy of your current vehicle registration.

If your vehicle is leased, and your address is not on your registration, you need a copy of the first page of your lease agreement where your name is linked to this vehicle, along with your registration and proof of residency.

If your vehicle is registered to a business, please include a paystub or business card with company name and your name, along with registration and proof of residency.

For additional information, please contact the Barnstable Transfer Station at 508-420-2258.

****Please sign:**

I attest, under penalty of perjury, that the documents attached are genuine and that all information provided is accurate and reflective of my current existing financial situation, and that all sources of income are accounted for herein.

Applicant Signature

Date

**Completed applications are accepted at the
Barnstable Transfer Station
Monday through Friday
8am-3pm ONLY.**

Applicants will be notified by mail/email within four weeks of receipt of completed application.

BARNSTABLE TRANSFER STATION
July 1, 2026-June 30, 2027
Financial Aid Guidelines

Family Size	Weekly	Monthly	Yearly
1	\$460	\$1,995	\$23,940
2	\$624	\$2,705	\$32,460
3	\$788	\$3,415	\$40,980
4	\$952	\$4,125	\$49,500
5	\$1,116	\$4,835	\$58,020
6	\$1,280	\$5,545	\$66,540
7	\$1,443	\$6,255	\$75,060
8	\$1,607	\$6,965	\$83,580