

RESOLUTION NO. 94- 161

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA ESTABLISHING EXEMPTIONS FROM THE COUNTY'S SOLID WASTE COLLECTION ASSESSMENT AND THE COUNTY'S SOLID WASTE RECYCLE ASSESSMENT FOR CERTAIN HOMESTEAD RESIDENTIAL PROPERTIES BASED UPON THE FINANCIAL HARDSHIP OF HOMESTEAD OWNERS.

WHEREAS, section 27 of St. Johns County Ordinance 94-7 provides that the Board of County Commissioners of St. Johns County, Florida (the "Board") may, by resolution, provide exemptions from the County's Solid Waste Collection Assessment and the County's Solid Waste Recycle Assessment that are assessed and levied against certain residences based upon the financial hardship of the owners; and

WHEREAS, the Board intends to implement such provision and provide for such exemptions by passage of this resolution.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA as follows:

Section 1. Any residential property or parcel that is receiving one or more current homestead exemptions pursuant to Florida Statutes 196.031 during a year in which the total gross annual income of the legal or beneficial owner or owners of a homestead residence located on such residential property or parcel is \$13,800 or less and the total value of such owner's or owners' assets as described in Exhibit A attached hereto do not

exceed \$2500 (a "qualifying homestead residence") may, upon timely application, verification and approval, be exempt from the County's solid waste non ad valorem Collection Assessment and the County's solid waste non ad valorem Recycle Assessment that are attributable to each such qualifying homestead residence that is located on such residential property or parcel during such year.

Section 2. As used in Section 1 above, "timely application" shall mean submittal of such application on a County approved application form with County required supporting verification on or before December 30th of the year of the first tax notice to which the exemptions shall apply.

Section 3. Each application for the exemptions provided by this resolution shall be submitted to the County's Department of Social Services or to such other County department or employee as the County Administrator may from time to time direct.

Section 4. County staff shall promptly review each application, take such steps as are necessary to determine whether or not the residential property and the homestead owner or homestead owners meet the criteria set forth in Section 1 above, and if they do meet such criteria, grant the exemptions provided by Section 1 above and take such additional actions as are necessary to remove the County's solid waste non ad valorem Collection Assessment and the County's solid waste non ad valorem Recycle Assessment that are attributable to each such qualifying

homestead residence and levied against such residential property or parcel from the County solid waste non ad valorem collection assessment roll, the County solid waste non ad valorem recycle assessment roll and from the County tax notices attributable to such qualifying homestead residence(s) for the year that the application was timely filed and for such subsequent years as the property and homestead owner(s) meet the criteria set forth in Section 1.

PASSED AND ADOPTED this 25 day of August, 1994.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: Alan Roberts
Chair

ATTEST: CARL "BUD" MARKEL, CLERK

By: Patricia DeGrande
Deputy Clerk

Exhibit "A"

In the determination of assets, the following items will not be included:

1. The value of the owner occupied residence.
2. One vehicle, and in some cases, two vehicles, if both spouses are employed and the vehicles are necessary for transportation to and from place of employment.
3. Household tangible property, such as, but not limited to, clothing, jewelry, household furniture and/or fixtures.



**ST. JOHNS COUNTY
NON-AD VALOREM SOLID WASTE
COLLECTION & RECYCLING ASSESSMENT
EXEMPTION FORM**

Deadline to File - December 30 of each year

PROPERTY OWNER(S) AS LISTED IN THE CURRENT HOMESTEAD EXEMPTION FILE MAINTAINED BY THE PROPERTY APPRAISER:

NAME _____	NAME _____
HOME ADDRESS _____	HOMEADDRESS _____
CITY/STATE _____	CITY/STATE _____
MAIL ADDRESS _____	MAIL ADDRESS _____
BIRTH DATE _____	BIRTHDATE _____
SOCIAL SEC. # _____	SOCIAL SEC. # _____
VETERANS # _____	VETERANS # _____
MAIDEN NAME _____	MAIDEN NAME _____
PHONE NUMBERS _____	PHONE NUMBERS _____

HOW LONG AT CURRENT ADDRESS? _____ IN ST. JOHNS COUNTY? _____ IN FLORIDA? _____
 WHAT WAS YOUR PREVIOUS ADDRESS? _____
 CITY/STATE _____ COUNTY _____

I AM CURRENTLY:

____ SINGLE (never married) ____ MARRIED ____ WIDOWED ____ SEPARATED ____ DIVORCED
 DATE OF DIVORCE(S), SEPARATION OR DEATH OF SPOUSE (if applicable) _____

LIST ANY OTHER NAMES YOU HAVE EVER USED (prior married names, birth names, nicknames, aliases)

Household Information (include yourself)

List the total number in your family _____ List the total number of people living in the household _____

Name	Age	Relation	Soc.Sec. Number	Name of Employer or School

Monthly Expenses (Fill out those which apply)

Rent/Mortgage Payment: _____ Name of Landlord: _____
 Electric _____ Water _____
 Phone _____ Cooking Gas _____
 Heat _____ Utilities _____
 Bank Loan: _____
 Insurance Premiums: _____
 Doctor: _____
 Food: _____
 Hospitals: _____
 Car Payment: _____ Gas(for car): _____
 Medicine: _____
 Clothes: _____
 Furniture: _____
 Child Care (while you work): _____
 Credit Card: _____
 Other: _____

TOTAL MONTHLY EXPENSES: _____

Assets

Do you (or co-property owner) own or are buying:

____ Your home Value _____ Balance owed _____

When did you purchase your home? _____ Where is it mortgaged? _____

____ Any other property (house, lots or land) _____ Value _____

When was it purchased _____ Balance Owed _____

Location and description _____

	Yes	No	Value	When Purchased	Balanced Owed	Year and Model
Car/Truck/Motorcycle						
Car/Truck/Motorcycle						
Boat/Other Vehicle						
Other Vehicle						

Do you (or co-property owner) have now or have you had within the last 6 months any

bank accounts? _____ Currently Open _____ Closed _____ List all accounts below.

	Bank Name	City/State	Account Balance
Checking Account			
Savings Account			
Money Market Cert.			
Certificate of Deposit			

Do you (or co-property owner) have stocks and/or bonds? _____

Describe and list value: _____

Income

Employment

Are you currently employed? _____ If no, how long out of work? _____

Is co-property owner employed? _____ If no, how long out of work? _____

List below the places of employment and monthly earnings for everyone employed in your household during the past six months. List current employers first.

Name of Household Member	Employer's Name &Address	Dates of Employment	Monthly Income
Total Monthly Income from Employers			\$

Other Income

List below the information requested concerning any other income regularly received by property owner or co-property owner. Include any payments received from Social Security and/or SSI, any type of pension, Unemployment Compensation, Workmen's Compensation, Aid to Families with Dependent Children, veterans pension, employer retirement pension, school grants or loans, rental income, help from family or friends, and any type of self-employment including ODD JOBS. Also Income Tax Refunds, settlements, back payments and date received.

Name of Person Receiving Benefits	Source of Payments	How Long?	Monthly Amount
Total Monthly Income from Other Sources			\$

GRAND TOTAL OF MONTHLY INCOME FROM ALL SOURCES INCLUDING ASSETS: \$ _____

FOR COUNTY USE ONLY

Total Value Assets _____ Total Monthly Income _____

Total Monthly Expense _____

Comments _____

