

# **CITY OF RINGGOLD**

## **Sewer Fee Hardship Policy**

### **July 28, 2025**

#### **Purpose**

To provide financial relief to eligible residents who are not physically connected to the sewer system operated by the City of Ringgold but are subject to the minimum sewer bill, and who demonstrate financial hardship.

#### **Eligibility Criteria**

1. Residency: Applicant must reside at the service address within the City of Ringgold sewer jurisdiction.
2. Sewer Connection: Applicant must not be connected to the City's sewer system.
3. Income Threshold: Total household income must be less than 40% of the Area Median Income (AMI) for Catoosa County, Georgia.
4. Annual Reapplication: Applicants must reapply annually, January 1 of each year, to maintain eligibility.

#### **Application Requirements**

Applicants must submit:

- A completed Sewer Fee Hardship Application.
- Proof of total household income (e.g., pay stubs, tax returns, W-2s, 1099s, benefit statements).
- Documentation for all sources of income, including:
  - Social Security
  - Unemployment benefits
  - Pension or retirement income
  - Child support or alimony

#### **Review Process**

- Applications will be reviewed by designated City staff.
- Incomplete applications will not be processed.
- Applicants will be notified of the decision in writing.
- Previously paid charges are non-refundable.

**Terms of Assistance**

- If approved, the minimum sewer bill will be waived for the remaining of the calendar year of application.
- The waiver is not retroactive.
- The City reserves the right to audit applications and request additional documentation.



Mayor Nick Millwood



Attest: City Clerk

### **City of Ringgold Sewer Fee Hardship Application**

This application is for residents served by the City of Ringgold's Sewer System who are requesting removal of the minimum sewer bill and are not connected to the sewer system and are requesting removal of the minimum sewer bill due to financial hardship.

Applicants must demonstrate that their household income is less than 40% of the Area Median Income (AMI) for Catoosa County, Georgia.

(Proof of income is required for all applicants.) Previously paid charges are not refundable. The homeowner is required to apply annually to continue to receive financial hardship assistance.

### **Applicant Information**

Full Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Household Income**

Please list the total gross income for all household members. Include documentation such as pay stubs, tax returns, most recent W-2, 1099, or benefit statements.

Total Household Income: \$ \_\_\_\_\_

Number of People in Household: \_\_\_\_\_

### **Eligibility Confirmation**

I confirm that my household income is less than 40% of the Area Median Income (AMI) for Catoosa County, which is \$57,940 as of 2023.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Income Documentation Checklist**

Please check Yes or No if you collect revenue from any of the following:

- ☐ Yes   ☐ No   Social Security award letters  
☐ Yes   ☐ No   Unemployment benefit statements  
☐ Yes   ☐ No   Pension or retirement income statements  
☐ Yes   ☐ No   Child support or alimony documentation

**Signed Declaration**

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from the hardship program and may be subject to penalties under applicable laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Decision: \_\_\_\_\_

Notes:

Financial proof provided:

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Notification provided to applicant on

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