



Town of Barnstable  
 Transfer Station & Recycling Center  
 July 1, 2025-June 30, 2026  
 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**

Applicant name	Age	Name	Age

**Applicants must submit a copy of their COMPLETE 2024 FEDERAL INCOME TAX RETURN 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
Social Security	\$ _____ weekly/monthly
Social Security Disability	\$ _____ weekly/monthly
Veterans Benefits	\$ _____ weekly/monthly
Pensions	\$ _____ weekly/monthly
Unemployment Benefits	\$ _____ weekly/monthly
Retirements/ Investment Income	\$ _____ weekly/monthly
Food Stamps	\$ _____ weekly/monthly
Housing Assistance	\$ _____ weekly/monthly
Aid to family with dependent children	\$ _____ weekly/monthly
Alimony	\$ _____ weekly/monthly
<b>Total Income</b>	\$ _____ 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 three weeks of receipt of completed application.

**BARNSTABLE TRANSFER STATION**  
**July 1, 2025-June 30, 2026**  
**Financial Aid Guidelines**

Family Size	Weekly	Monthly	Yearly
1	\$451	\$1,956	\$23,475
2	\$610	\$2,644	\$33,725
3	\$769	\$3,331	\$39,975
4	\$927	\$4,019	\$48,225
5	\$1,086	\$4,706	\$56,475
6	\$1,245	\$5,394	\$64,725
7	\$1,403	\$6,081	\$72,975
8	\$1,562	\$6,769	\$81,225