## Gas-Powered Leaf Blower Regulations (Ordinance No. 2022-4460) Financial Hardship Waiver

Miami Beach's Gas-Powered Leaf Blower Regulations (Ordinance No. 2022-4460) was adopted in January 2022 as part of the City's commitment to achieve carbon neutrality by 2050. The Ordinance requires that, by August 1, 2023, all leaf blowers used within the city are to be battery and/or electric-powered. Under the Ordinance, the City Manager may exempt a property owner or landscape maintenance company for 12 months from compliance with the Ordinance based on a financial hardship. To receive such an exemption, a property owner or principal of a landscape maintenance company must apply for a financial hardship waiver.

## TO APPLY FOR THE FINANCIAL HARDSHIP WAIVER, PLEASE COMPLETE THE FOLLOWING QUESTIONS AND PROVIDE A COPY OF THE REQUIRED DOCUMENTATION:

Name of property owner or principal of landscape company:
Name of landscape maintenance company (if applicable):
Address of property owner or landscape maintenance company:

## **Identification**

-ATTACH THE FOLLOWING DOCUMENT: a copy of a Florida-issued Driver's License or Identification Card (valid and reflecting the address for which the applicant is seeking financial hardship waiver)

Driver's license or ID number:	

## **Income Eligibility:**

Income eligibility is determined for a property owner or principal of a landscape maintenance company. The applicant must have an annual gross income of 80% of the area median income, or less, based on the FY 2023 Miami-Dade County Income Limits. Income limits are dependent on household size. To determine income and household size, please see the information below.

EV 2022 Income Limit Category	Household Size							
FY 2023 Income Limit Category	1	2	3	4	5	6	7	8
Low (80%) Income Limits (\$)	57,800	66,050	74,300	82,550	89,200	95,800	102,400	109,000

Source: huduser.gov

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Household Si	ze:					
The occupant related or unr sexual orienta	s may be a far	mily; two or n s who share liv dentity, or ma	nore families living arrangemental status.	living togethe nents, regardle	occupying a hor; or any other ess of actual or didder:	group of
Household Member	Wages / Salaries*	Benefits / Pensions	Public Assistance	Other Income	Asset Income	TOTAL INCOME PER MEMBER
					TOTAL HOUSEHOLD INCOME	
Please answer	commission, boot the following the amounts	g income ques	stions. If the a	nswer to any	of these question	ons is "yes,"
<ul><li>2. Do you re</li><li>3. Do you re</li><li>monthly a</li><li>4. Do you re</li></ul>	mount and the	are payments? expenses reine total amount contribution f	hbursed to the of the medic	e family? If so al expense? _	o, from who an	
shows annual		of 80% of the	e area median	•	s income tax filess, based on th	•
Last year's to	tal household	income as list	ted on income	tax filings: _		

In accordance with Sec. 46-245, please provide evidence of the following:

- <u>a)</u> There is no comparable alternative product that does not use gas to power up leaf <u>blowers; or</u>
- b) The purchase or use of an alternative product would create an undue financial hardship.

Provide an explanation describing the basis for the requested waiver (pursuant to Section 46-245) and attach supporting documentation: