

**LOW-INCOME PERMANENTLY DISABLED
RESIDENTIAL REFUSE SERVICE
DISCOUNT APPLICATION**

| | |
|---|---|
| APPLICANT'S NAME: | |
| ADDRESS, CITY, ZIP CODE: | |
| TELEPHONE NUMBER: | |
| IDENTIFICATION: Provide photocopy of driver's license or I.D. | <input type="checkbox"/> Driver's License <input type="checkbox"/> CA I.D. <input type="checkbox"/> Passport Number: _____ |
| NUMBER OF PERSONS IN HOUSEHOLD: | |
| CONTAINER SIZE DESIRED: | <input type="checkbox"/> 96 GALLON <input type="checkbox"/> 35 GALLON |
| VALET SERVICE REQUESTED: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PHOTOCOPY OF PROOF OF INCOME MUST BE PROVIDED WITH APPLICATION, ALONG WITH PROOF OF PERMANENT DISABILITY (see reverse)

The undersigned declares, under penalty of perjury, that the foregoing information is true. If any part of this information is not true, the undersigned will be required to remit to the City of El Monte's residential waste hauler the full disposal rate.

Executed in the City of El Monte, California, this day _____ date

APPLICANT'S SIGNATURE

PRINT NAME

| FOR OFFICE USE ONLY | |
|--|---|
| DISABILITY VERIFIED: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| INCOME: | <input type="checkbox"/> QUALIFIED <input type="checkbox"/> UNQUALIFIED |
| APPLICATION: | <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED |
| COMMENTS: | _____ |
| _____ | _____ |
| Approved by Environmental Services Division | Date |

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Qualified low-income permanently disabled residents are eligible for a 50% reduction in residential waste collection, recycling and disposal service rates. These rates are paid to Valley Vista Services quarterly. The following requirements must be met in order to receive the rate reduction:

1. Applicant must be a full time occupant of the residence for which a rate reduction is requested. The waste service must be billed to the applicant.
2. Proof of permanent disability must be confirmed by:
 - a. Department of Motor Vehicle placard information card with applicant's name, or
 - b. Social Security – Permanent Disability Benefits Award Statement
3. The annual household income for the applicant's residence must be equal to or less than "Low Income" as defined by the United States Department of Housing and Urban Development (HUD). Verification of income must be submitted by all applicable members of the household. Income must be confirmed by:
 - a. Most recent income tax return, or
 - b. Social Security or Disability Annual Financial Statement (if Social Security/Disability payments are directly deposited into applicant's bank account, a current copy of a bank statement showing such deposit is acceptable)

The Low Income limits, effective January 1, 2014, are as follows:

| | |
|------------------------|----------|
| One person household | \$45,650 |
| Two person household | \$52,200 |
| Three person household | \$58,700 |
| Four person household | \$65,200 |
| Five person household | \$70,450 |
| Six person household | \$75,650 |
| Seven person household | \$80,850 |
| Eight person household | \$86,100 |

Inadequate information will result in a delay or disapproval of the application. The City reserves the right to deny the application if proper documentation verifying residency, disability or income of the applicant and their household is not provided.

To apply for a rate reduction, please submit this completed application and appropriate documentation to the City of El Monte, Environmental Services Division, City Hall West, 11333 Valley Boulevard, El Monte, CA 91731. Offices are open Monday through Thursday from 8:00 a.m. to 5:30 p.m. The telephone number is (626) 580-2058.

The rate reduction will take effect on the 1st of the month following the approval.