

**LOW-INCOME SENIOR CITIZEN
RESIDENTIAL REFUSE SERVICE
DISCOUNT APPLICATION**

APPLICANT'S NAME:	
SPOUSE'S NAME:	
ADDRESS, CITY, ZIP CODE:	
TELEPHONE NUMBER:	
IDENTIFICATION: Provide photocopy of driver's license or I.D.	Applicant: <input type="checkbox"/> Driver's License <input type="checkbox"/> CA I.D. <input type="checkbox"/> Passport Number: _____ Spouse: <input type="checkbox"/> Driver's License <input type="checkbox"/> CA I.D. <input type="checkbox"/> Passport Number: _____
DATE OF BIRTH:	Applicant: _____ Spouse: _____
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, explain need: _____ <input type="checkbox"/> NO

PHOTOCOPY OF PROOF OF AGE/INCOME MUST BE PROVIDED WITH APPLICATION (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

SPOUSE'S SIGNATURE

PRINT NAME

FOR OFFICE USE ONLY	
AGE 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:	_____ _____
<div style="display: flex; justify-content: space-between;"> _____ Approved by Environmental Services Division _____ Date </div>	

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Qualified low-income Senior Citizens are eligible for a 50% reduction in residential waste collection, recycling and disposal service rates. These rates are paid to Valley Vista Services each quarter. 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 or their spouse.
2. Applicant must be a minimum of 62 years of age. Proof of age must be confirmed by:
 - a. Driver's License
 - b. California Identification Card, or
 - c. Passport
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 the most recent tax return.

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, age 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 reduction will take effect on the 1st of the month following the approval.