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Alameda, CA 94501

## Low Income Discount Application CITY OF ALAMEDA

Applicant must be the current occupant of service address and account holder. If over the age of 65, applicant should instead apply for senior discount. The provision for a low-income discount is found in the City of Alameda's Solid Waste and Recycling Ordinance, Chapter XXI, Section 21-20.4c.1:

"Low Income...Discount. Franchisee shall provide low income discounts...for residents...Franchisee shall determine that a customer qualifies for the low income discount by obtaining documentation that the customer's household qualifies as a very-low-income household under the Section 8 eligibility guidelines as determined by the Federal Housing and Urban Development (HUD) formula."

The low-income discount applies to a maximum of 32 gallons of trash service per seek. Customers with trash carts larger than 32 gallons of service are not eligible for this discount.

**INSTRUCTIONS**: Please print or type the requested information. Attach a copy of your most recent Income Tax Return (Form 1040/1040A or 540/540A) or other proof of income for verification. Also attach a copy of your recent garbage/recycling bill. Mail the completed form and attachments to the address listed at the bottom of this page.

Date of Application:	<del></del>
Customer Name:	
ADDRESS:	
Street	<u></u>
City	State Zip Code
Daytime Phone	Email Address
Account Number:	_
MONTHLY INCOME INFORMATION	HOUSEHOLD INFORMATION
Head of household wages	<del>-</del>
Other wages	List first names of all dependents:
Unemployment Insurance	
Social Security	_
SSI	
AFDC	
General Assistance	
Other	
Total Monthly Income	
I certify that the above information is accurate and true.	I understand that falsification of any information is grounds
for disqualification from this discount.	
Signature	Date
RETURN COMPLETED FORM AND ATTACHMENTS TO:	
Alameda County Industries	
2307 Blanding Avenue, Suite B	

OCT 2019



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FOR STAFF USE		
ACI Account Number	Route Number	
Regular Quarterly Billing	Service Day	
51101D11751		
ELIGIBILITY		
Review completed by:	Date:	
ACI Representative		
☐ Approved ☐ Denied		
IF DENIED, DEACON.		
IF DENIED, REASON:		
☐ Insufficient proof of physical limitation.		
☐ Able-bodied resident living on premise.		
☐ Applicant's name does not match property owner's/accou	ınt holder's name.	
□ Other, explain:		
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