

City of Alhambra
Waste Management Division
 111 S. First Street
 Alhambra, CA 91801
 (626) 570-5011

APPLICATION FOR REDUCED TRASH RATE

Applicant's Name: _____ Address: _____

Phone: _____ City, Zip Code: _____

Those who qualify will have their bi-monthly curbside service rate decreased from \$41.34 to the **new rate of \$37.34.**

ELIGIBILITY CRITERIA

	Yes	No
Resident of Alhambra	_____	_____
Income level does not exceed low income schedule on reverse	_____	_____

TOTAL HOUSEHOLD INCOME SOURCE

In order to qualify for the reduced rate, income information for each member of the household must be provided. Attach a copy of the previous year's Federal tax return. If you did not submit a Federal tax return, check below:

_____ I did not submit a Federal tax return in the previous year because _____

(If you did not submit a Federal tax return, please submit another official statement as proof of income for each member of your household.)

Number of persons living in household: _____

	Applicant	Spouse	Other	Total Income for prior year
Gross Wages				
Social Security				
SSI				
Other				
Total Income				Grand Total:

ELIGIBILITY CERTIFICATION

I hereby certify that the above statements are true and correct under penalty of perjury and acknowledge that the discount applied for will terminate one year from the date of approval, unless renewed.

Signed: _____ Dated: _____

For City Use Only	
Account Number: _____	Date Checked: _____
Approved By: _____	Checked By: _____

Low Income Limits

(Established by the Department of Housing and Urban Development.)

No. of Persons in Household:	Annual Household Income
1	\$ 47,850
2	\$ 54,650
3	\$ 61,500
4	\$ 68,300
5	\$ 73,800
6	\$ 79,250
7	\$ 84,700
8	\$ 90,200

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