

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 \$43.02 to the **new rate of \$39.02.**

ELIGIBILITY CRITERIA

Yes No

Do you reside in Alhambra? _____ _____

Is your Income **below** the Low Income Limitation? _____ _____ (See Reverse Side)

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 and explain:

_____ 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 Amount				
SSI Amount				
Other Amount				
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: _____ Checked By: _____

Approved By: _____ Notes: _____

Low Income Limits

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

No. of Persons in Household:	Annual Household Income
1	\$ 46,500
2	\$ 53,150
3	\$ 59,800
4	\$ 66,400
5	\$ 71,750
6	\$ 77,050
7	\$ 82,350
8	\$ 87,650