

APPLICATION FOR REDUCED TRASH RATE

Applicant's Name: _____ Address: _____

Phone: _____ City, Zip Code: _____

Those who qualify will have their quarterly curbside service rate decreased from \$76.59 to the **new rate of \$69.85.**

ELIGIBILITY CRITERIA

Yes No

Do you live 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. Please 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

Date Checked: _____ Checked By: _____

Approved By: _____ Notes: _____

Low Income Limits

(Established by the Department of Housing and Urban Development.) (HUD) - Effective June 15, 2022

No. of Persons in Household:	Annual Household Income
1	\$ 66,750
2	\$ 76,250
3	\$ 85,800
4	\$ 95,300
5	\$ 102,950
6	\$ 110,550
7	\$ 118,200
8	\$ 125,800