



ALAMEDA COUNTY INDUSTRIES

Low-Income Discount Application

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."

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: _____

Customer Name: _____

ADDRESS:

Street _____

City _____ State, Zip Code _____

Daytime Phone _____ Email Address _____

Account Number: _____

MONTHLY INCOME INFORMATION

Head of household wages	_____
Other wages	_____
Unemployment Insurance	_____
Social Security	_____
SSI	_____
AFDC	_____
General Assistance	_____
Other	_____
Total Monthly Income	_____

HOUSEHOLD INFORMATION

Household size (*including applicant*) _____

List first names of all dependents:

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
Alameda, CA 94501

August 2016





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FOR STAFF USE

ACI Account Number _____ Route Number _____
Regular Quarterly Billing _____ Service Day _____

ELIGIBILITY

Review completed by _____ On _____
ACI Representative *Date*

- Approved
- Denied

IF DENIED, REASON:

- Insufficient proof of income.
- Verified income does not meet HUD requirements.
- Other, explain:

If approved, internal routing: ACI Accounting/Files

August 2016