



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 2018



Alameda County Industries

We are proud to be your service provider for
Recyclables, Organics & Garbage.

Senior Residents Discount Program Application

FOR STAFF USE

ACI Account Number _____

Route Number _____

Regular Quarterly Billing _____

Service Day _____

ELIGIBILITY

Review completed by: _____

Date: _____

ACI Representative

Approved Denied

IF DENIED, REASON:

- Insufficient proof of physical limitation.
- Able-bodied resident living on premise.
- Applicant's name does not match property owner's/account holder's name.
- Other, explain:

If approved, internal routing: ACI Accounting/Files