



# Low Income Discount Application CITY OF ALAMEDA

**THIS PROGRAM IS FOR CITY OF ALAMEDA RESIDENTS ONLY.**

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