



HARDSHIP APPLICATION (DUE TO DEATH)

Applicant's Name	Provide mailing address if different from address on the left.	<p>CITY USE ONLY</p> <p>Account Number:</p> <p>Service Location Number:</p>
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SERVICE LOCATION ADDRESS -

Hardship due to death, under the City of San Jose Recycle Plus! Program is a temporary reduced rate for garbage, recycling and yard trimmings services because the residence is vacant due to death of owner. The temporary reduced rate is \$0 per month, and applies to residences that were **owner-occupied**, which will remain vacant until probate is closed, residence is rented or until residence is sold. **Please provide one of the following documents:** Letters of testamentary (must be notarized) , letters of administration, death certificate, or other court order which evidences date of owner's death.

Executor / Trustee of the Estate	Daytime Telephone Number	APRVD Date:	APRVD BY:
Included Letter of testament/ Administration Filed copy of Court Documents <input type="checkbox"/>	Evening Telephone Number	Denied Date	Denied By:
Death Certificate <input type="checkbox"/>	Date Called	Hauler/ District	RECVD DT EFFT DT
Owner's Name Date of Death	Scheduled Cart pick up date	Actual Cart pick up date	

APPLICANT'S CERTIFICATION

I certify that the residence named above is vacant and will remain vacant. I understand that any garbage, recycling or yard trimming carts at the residence shall be removed. I further certify that no garbage, recycling, yard trimmings will be set out for curbside collection. I authorize the change to be made on the garbage bill and give consent to have eligibility verified at the request of the City of San Jose. I will notify Recycle Plus! Customer Service of any changes that occur with the residence. I understand that upon occupancy of the home, sale, lease or rental of the property that regular rates become effective from the date of occupancy or close of escrow, which ever occurs first. Under penalties of perjury, I declare that all information on this application is true, correct and complete. I understand the submission of false documentation will result in financial liability for all reduced rates granted from date of original approval.

Applicant's Signature	Print Name	Date
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