



HARDSHIP APPLICATION (DUE TO ILLNESS)

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

Application for Hardship due to illness, under the City of San Jose Recycle Plus Program is a temporary reduced rate for garbage, recycling and yard trimmings collection because the residence is vacant due to owner's illness. The temporary reduced rate is \$0 per month, and applies to **owner occupied residences**, which will remain vacant while probate is pending, residence is rented or until sale of the residence.

Owner Name	Address Vacant Due to Illness of Owner
Daytime Telephone Number	Evening Telephone Number

DOCTOR'S OR CARE FACILITY CERTIFICATION

I, the undersigned, hereby certify that I am a licensed medical doctor or care home facilitator authorized to practice in the State of California. I further certify the patient listed below has a medical condition, and is currently residing at our facility.

Patient Name	Business Address & Phone Number	
Name of Doctor's or Care Facility	License Number	
Doctor's or Care Facility Administrator's Signature Date	Date of Admittance	Expected Release Date

APPLICANT'S CERTIFICATION

I certify that the residence named above is vacant and will remain vacant. I understand that any carts at the residence shall be removed. I further certify that no garbage, recycling, yard trimmings cart and/or 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 City of San Jose – Recycle Plus! 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 rate charges become effective from 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 Date	Print Name
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APRVD Date:	APRVD BY:	Scheduled Cart pick up date	RECVD DT	Date of call	Hauler/District
		Actual Cart pick up date	EFFT DT	Denied Date	Denied By: