



City of San José
 200 E Santa Clara St, 11th Floor
 San Jose, CA 95113

LOW-INCOME RATE ASSISTANCE APPLICATION

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|--|---|--|------------------------|
| Section 1: APPLICANT INFORMATION | | CITY USE ONLY | |
| Applicant's Name and Address: | Mailing address if different from the service address: | | Account Number: |
| | | | Case Number: |
| Daytime Telephone Number: | Evening Telephone Number: | | |
| Name of Townhome/Condominium Complex or Mobile Home Park: | Owner or Care Provider Name, Address & Telephone Number | | |
| Owner <input type="checkbox"/> Renter <input type="checkbox"/> | Renting Room <input type="checkbox"/> | Home/Townhome <input type="checkbox"/> | |
| Section 2: ELIGIBILITY | | | |
| Please check applicable sources of your household's gross annual income below: | | | |
| <input type="checkbox"/> Wage or Salaries | <input type="checkbox"/> School Grants, Scholarships or other aid used for living expense | <input type="checkbox"/> Insurance Settlements | |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Profit from Self-Employment (IRS form Schedule C, Line 29) | <input type="checkbox"/> Legal Settlements | |
| <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> TANF (AFDC) | |
| <input type="checkbox"/> Disability Payment | <input type="checkbox"/> Cash and/or other Income | <input type="checkbox"/> Food Stamps | |
| <input type="checkbox"/> Social Security, SSI, SSP | | <input type="checkbox"/> Child Support | |
| <input type="checkbox"/> Pensions | | <input type="checkbox"/> Spousal Support | |
| TOTAL NUMBER OF HOUSEHOLD MEMBERS: <input type="checkbox"/> | | | |
| NAME | DATE OF BIRTH | | |
| | | | |
| | | | |
| | | | |
| *Use separate sheet to list additional people. | | | |
| TOTAL ANNUAL HOUSEHOLD INCOME: \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| Section 3: VERIFICATION OF ELIGIBILITY—IMPORTANT! | | | |
| Each application must be accompanied by proof of income and cannot be approved until all required documentation is received. Please provide acceptable proof of income or non-income for all household members. | | | |
| ACCEPTABLE PROOF OF INCOME/NON INCOME | | | |
| Current copies of pay stubs. (2 or more) | For Self-employed Adults Only: Most recent Federal Income Tax SCHEDULE "A, B, C, C-EZ, D and E" | | |
| Verification of current Social Security Benefits, or Supplemental Security Income (SSA, SSI); to obtain call Social Security Administration 1-800-772-1213 Copy of Check or Bank Statement showing direct deposit is accepted. | Unemployed or non-income adults: Unemployment Insurance Benefit (UIB). Must provide current award letter. To obtain call EDD at 1-800-300-5616 or visit website: http://www.edd.ca.gov | | |
| Financial Aid, grant and scholarship for current school year (portion used for other than tuition and books) (Students) | Current Notice of Action (NOA), TANF (formerly AFDC) or Cal-Works eligibility (Current letter from Social Worker verifying all income is acceptable) Please include food stamp and housing allotment. | | |
| Section 4: DECLARATION-Please read carefully and sign below. | | | |
| I declare, under penalty of perjury, that the information contained in this application is true and correct. I agree to provide proof of income if asked. I understand that if I receive the reduced rate without qualifying for it, I may be required to pay back the difference between the regular rate and the discounted rate plus any applicable late charges from the date of original approval. I further agree to authorize the changes to be made on my garbage bill and notify Recycle Plus Customer Service of any changes to my income and/or size of my household. | | | |
| Applicant's Signature | | Date | |
| APRVD Date: | APRVD BY: | Delayed Date: | Delayed By: |
| Denied Date: | Denied By: | Effective Date: | |
| | | | NOTES |

Note: This form only needs to be completed if applicant is a renter and the garbage bill is in the name of the owner or property manager. It is the renter's responsibility to submit this completed form with owner/property manager's signature, with the LIRA application. Failure to do so will delay approval.

RE: Garbage Rate Assistance, LIRA owner/property manager certification
Account Number: _____
Service Location Address: _____

Dear Owner/Property Manager,

Your tenant at the above service location address is in the application process for financial assistance from the City's Low Income Rate Assistance (LIRA) program through a reduced residential garbage service rate. With your signature you are certifying that _____ (tenant's name) resides at the service location address indicated above. Eligibility for the LIRA program is based on the income of the tenant(s) who receive service at the above address. The reduction in garbage service cost must be provided to the tenant in proportion and to the extent that the tenant is charged with the cost for garbage service either in their monthly rent or as an added cost for service.

The City must be notified in writing within thirty (30) days of the date the tenant who initially qualified for the LIRA program ceases residency at the service location address in order to readjust the garbage service rate. The City reserves the right to recover from the Owner for any financial assistance provided after a qualifying tenant ceases residency. Please sign below and return to your tenant(s) so that he or she can mail this form and application to the address listed below.

I _____, owner of _____ (property address) state that I will pass on the LIRA discount to my tenant _____ (tenant's name) once approved by the City.

If you require further assistance please call Customer Service at **(408) 535-3500**, 8:00 AM to 5:00 PM, Monday through Friday.

Regards,

Customer Contact Center