



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

LOW-INCOME RATE ASSISTANCE APPLICATION

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="text"/>			
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