



# City of West Covina and Athens Services Low-Income Senior Discount Program

## What You Need to Know...

This program is intended for low-income senior citizens who receive single family home trash service in the City of West Covina. To participate in the Athens Low-Income Senior Discount Program, residents must be 62 years of age or older, have a valid drivers license or identification showing proof of age, be living in a single family home residence in West Covina, meet low-income requirements set by the State of California, and have an Athens billing account under the applicants name.

## What You Need to Do...

- 1.) Complete and submit application (on reverse side). You may apply in person at the City of West Covina Maintenance Division from 7:00am to 5:00pm, Monday through Thursday, or mail application to:

City of West Covina - Maintenance Division  
825 S. Sunset Avenue  
West Covina, CA 91790

\*Please note the West Covina Maintenance Division office is closed on Fridays.

- 2.) Provide proof of age with a copy of a valid **California Identification Card** or **Drivers License**.
- 3.) Confirm that your income meets the low-income standards below set by the State of California Department of Housing and Urban Development.

Household Size	Annual Maximum Income
1	\$48,650
2	\$55,600
3	\$62,550
4	\$69,450
5	\$75,050
6	\$80,600
7	\$86,150
8	\$91,700

### MAXIMUM ALLOWABLE ANNUAL GROSS HOUSEHOLD INCOME

Low-Income Guidelines are set by Housing and Urban Development (HUD) – Limits are set for 2016.

For information regarding the Athens Low Income Senior Discount Program or to request an application please call (626) 939-8458 or visit our website at [www.westcovina.org/environment](http://www.westcovina.org/environment).

Please allow two weeks for processing your application. You will be notified when your application has been approved. Please note Athens schedule of rates are subject to change.

### **FOR ALL APPLICANTS**

You must complete the entire application with signature. All copies of required documents must be included with your application.



**CITY OF WEST COVINA**  
 2016-2017 ATHENS SERVICES LOW-INCOME SENIOR CITIZEN  
 WASTE COLLECTION DISCOUNT  
**RENEWAL APPLICATION**

Name (Last, First, Middle):		Age:																			
Street Address:		City, State & Zip:																			
Drivers License/ID Number:	Home Phone:	DOB:	Other Phone:																		
PLEASE CHECK ONE: New Application Renewal Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: black; color: white;"> <th>Household Size</th> <th>Annual Maximum Income</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$48,650</td></tr> <tr><td>2</td><td>\$55,600</td></tr> <tr><td>3</td><td>\$62,550</td></tr> <tr><td>4</td><td>\$69,450</td></tr> <tr><td>5</td><td>\$75,050</td></tr> <tr><td>6</td><td>\$80,600</td></tr> <tr><td>7</td><td>\$86,150</td></tr> <tr><td>8</td><td>\$91,700</td></tr> </tbody> </table>		Household Size	Annual Maximum Income	1	\$48,650	2	\$55,600	3	\$62,550	4	\$69,450	5	\$75,050	6	\$80,600	7	\$86,150	8	\$91,700
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Do you meet the low-income requirements as stated?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
Are you 62 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
Do you live in a single family home residence in West Covina?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
Number of Occupants in household? (Please circle)	<table style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8+</td></tr> </table>	1	2	3	4	5	6	7	8+												
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ALL TYPES OF INCOME RECEIVED LAST YEAR MUST BE USED IN CALCULATING YOUR TOTAL YEARLY INCOME FOR 2015		
<input type="checkbox"/> Salary, wages, etc.	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Pension/Retirement/Annuity/IRA
<input type="checkbox"/> Interest Income	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Other Income
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Welfare	<input type="checkbox"/> Alimony
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Rental Property

PLEASE NOTE: The City may process a random low-income verification audit of 10% of the applications processed each year. Please keep all documentation for proof of income in case of an audit. Copies of professionally prepared Federal and State Income Tax Returns will be accepted in lieu of all other income documentation required to verify household income.

***I declare under penalty of perjury that the information provided in this application is true, accurate, and complete. I understand that I must renew my application and verify my income annually.***

\_\_\_\_\_

**Applicant's Signature** **Date**

FOR OFFICE USE ONLY:	Revision 4/2016
Residency: _____ App. Age: _____ Income: _____ Drivers License: _____ Application Status: _____	