

CITY OF WEST COVINA

LOW-INCOME SENIOR CITIZEN WASTE COLLECTION DISCOUNT APPLICATION

APPLICANT INFORMATION:

For Office Use:

Residency: _____
 App. Age: _____
 Income.: _____
 Documents: _____
 Application Status: _____

Last Name	First Name	Date of Birth (Month/Day/Year)	Number in Household?
Mailing Address		Telephone	Number Currently Employed?
City	State	Zip Code	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application <input type="checkbox"/> I'm also applying for the dog license discount

HOUSEHOLD MEMBERS' INFORMATION:	Please print the first name and income information for each household member in the columns below. If you need more space, please photocopy or attach a separate sheet.				
	(1)	(2)	(3)	(4)	(5)
Salary, wages, tips, compensation	\$	\$	\$	\$	\$
Social Security benefits	\$	\$	\$	\$	\$
Pension/Retirement/Annuity/IRA income	\$	\$	\$	\$	\$
Interest income	\$	\$	\$	\$	\$
Investment income	\$	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$	\$
Unemployment insurance	\$	\$	\$	\$	\$
Self-employed income	\$	\$	\$	\$	\$
Rental property	\$	\$	\$	\$	\$
Other income	\$	\$	\$	\$	\$
TOTAL ANNUAL GROSS INDIVIDUAL INCOME:	\$	\$	\$	\$	\$
REMEMBER, you must submit the proper verification documents to support your application. Please see the list on the back of this form.					

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

CITY OF WEST COVINA

LOW-INCOME SENIOR CITIZEN WASTE COLLECTION DISCOUNT APPLICATION

In order to process your discount application, we are required to verify your **HOUSEHOLD** income.



Please review the type(s) of income **you and ALL members of your household** received during the previous year in the box provided in the left column. The column on the right details the documentation we need in order to verify that type of income.

REMEMBER, IT IS UP TO YOU to furnish all the information necessary to determine your eligibility. Without proper documentation of your income, we will be unable to process your application.

MAXIMUM ALLOWABLE ANNUAL GROSS HOUSEHOLD INCOME

Low-Income Guidelines are set by the federal department of Housing and Urban Development (HUD) – Limits are effective March 20, 2009

1 Person \$44,400	2 Persons \$50,750	3 Persons \$57,100	4 Persons \$63,450	5 Persons \$68,550	6 Persons \$73,600	7 Persons \$78,700	8 Persons \$83,750
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TYPE OF INCOME RECEIVED LAST YEAR	DOCUMENTATION REQUIRED TO VERIFY INCOME
<input type="checkbox"/> Salary, wages, etc.	Form W-2: Wage and Tax Statement
<input type="checkbox"/> Social Security Benefits	Form SSA-1099: Social Security Verification Summary of Benefits
<input type="checkbox"/> Pension/Retirement/Annuity/IRA	Form 1099-R: Statement of amount
<input type="checkbox"/> Interest Income	Form 1099-INT: Interest Income statement
<input type="checkbox"/> Investment Income	Form 1099-DIV: Dividends and Distributions statement
<input type="checkbox"/> Other Income	Form 1040: Federal Income Tax Return
<input type="checkbox"/> Supplemental Security Income (SSI)	Verification of benefits, Notice of Change in Payment letter
<input type="checkbox"/> Welfare	Statement from Caseworker
<input type="checkbox"/> Alimony	Court order (Divorce Papers)
<input type="checkbox"/> Unemployment Insurance	Statement of Award, Verification letter
<input type="checkbox"/> Self-employed	2-years of Form 1040 and Form 540: Federal & State Income Tax Returns
<input type="checkbox"/> Rental Property	Form 1040: Federal Income Tax Return

Computation of self-employed income, as well as rental income, requires a special formula that will be applied by City staff.

Please return completed application to:

Public Works /Environmental Services Section
 City of West Covina
 P.O. Box 1440
 West Covina, CA 91793