



# CITY OF EL MONTE

Public Works • City Hall West • 11333 Valley Boulevard •  
 Phone (626) 580-2058 • [EnvironmentalServices@elmonteca.gov](mailto:EnvironmentalServices@elmonteca.gov) •  
 Monday - Thursday • 7:30 a.m. - 5:00 p.m.

## Low-Income Senior Citizen Waste Rate Reduction Application

APPLICANT'S NAME:	
SPOUSE'S NAME:	
ADDRESS, CITY, ZIP CODE:	
PHONE NUMBER:	
IDENTIFICATION: APPLICANT AND SPOUSE <b>Provide photocopy of driver's license or I.D.</b>	Applicant: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> CA I.D. <input type="checkbox"/> Passport Spouse: <input type="checkbox"/> Driver's License Number _____ <input type="checkbox"/> CA I.D. <input type="checkbox"/> Passport
DATE OF BIRTH:	Applicant: _____ Spouse: _____
NUMBER OF PERSONS IN HOUSEHOLD:	
CONTAINER SIZE REQUESTED:	96 GALLON <input type="checkbox"/> 35 GALLON <input type="checkbox"/>
VALET SERVICE REQUESTED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
WASTE HAULER:	VALLEY VISTA SERVICES <input type="checkbox"/>

**PHOTOCOPY OF PROOF OF INCOME, PROOF OF PERMANENT DISABILITY AND COPY OF TRASH BILL SHOWING THE APPLICANT AS THE CUSTOMER MUST BE PROVIDED WITH THE APPLICATION. (See reverse)**

The undersigned declares, under penalty of perjury, that the foregoing information is true. If any part of this information is not true, the undersigned will be required to remit to the City of El Monte's residential waste collection franchisee the full disposal rate.

Executed at the City of El Monte, California, this day \_\_\_\_\_ DATE

\_\_\_\_\_  
 APPLICANT'S SIGNATURE PRINT NAME  
 \_\_\_\_\_  
 SPOUSE'S SIGNATURE PRINT NAME

FOR OFFICE USE ONLY	
AGE VERIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
INCOME:	<input type="checkbox"/> QUALIFIED <input type="checkbox"/> UNQUALIFIED
APPLICATION:	<input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED
COMMENTS:	_____
	_____
Approved by Environmental Services Division	Date _____

LOW-INCOME SENIOR CITIZEN  
RESIDENTIAL WASTE AND  
RECYCLING SERVICE RATE  
REDUCTION PROGRAM

Qualified low-income Senior Citizens are eligible for a 50% reduction in residential waste collection, recycling and disposal service rates for the residential franchise. The following are requirements for the rate reduction:

1. Applicant(s) must be a full time occupant of the residence for which a rate reduction is requested. The waste service must be billed to the applicant or their spouse.
2. Applicant(s) must be a minimum of 62 years of age. Proof of age must be confirmed by:
  - a. Driver's License; or
  - b. California Identification Card; or
  - c. Passport
3. The annual household income for the applicant's residence must be equal to or less than "Low Income" as defined by the United States Department of Housing and Urban Development (HUD). Verification of income must be submitted by all applicable members of the household. Income must be confirmed by:
  - a. Most recent income tax return; or
  - b. Social Security or Disability Annual Financial Statement (IF Social Security/Disability payments are directly deposited into applicant's bank account, a current copy of a bank statement showing such deposit is acceptable)

The adjusted income limits, effective year 2021 are as follows:

One person household	\$66,250
Two person household	\$75,700
Three person household	\$85,150
Four person household	\$94,600
Five person household	\$102,200
Six person household	\$109,750
Seven person household	\$117,350
Eight person household	\$124,900

Inadequate information will result in a delay or disapproval of the application. The City reserves the right to deny the application if proper documentation verifying residency, age or income of the applicant and their household is not provided.