

ENVIRONMENTAL SERVICES GUIDELINES:

LOW-INCOME SENIOR 30 GALLON REFUSE PROGRAM



PUBLIC WORKS DEPARTMENT
Environmental Services Section

125 E College Street, Covina CA 91723
T (626) 384-5480 F (626) 384-5479
Website: www.covinaca.gov
Email: info@covinaca.gov
CITY HALL HOURS: Mon-Thurs, 7am-6pm
CLOSED FRIDAYS

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 Covina.

To participate in the program, residents must:

- be 62 years of age or older; and
- have a valid California driver's license or identification showing proof of age; and
- be living in a single family residence in Covina; and
- meet low-income requirements set by the U.S. Department of Housing and Urban Development (HUD).

WHAT YOU NEED TO DO

To participate in the Low-Income Senior 30 Gallon Refuse Program, you must:

- Confirm that your income meets the low-income standards set by HUD (see table on reverse side) for the applicable year.
- Complete and submit an application (on reverse side). Ensure that your application is completely filled out and signed. The Environmental Services Section will gladly assist you in completing this form. For assistance, visit us at the Engineering counter at City Hall, 125 E. College Street, or contact us by phone at 384-5480 from 7:00 am to 6:00 pm, Monday through Thursday.
- Provide proof of age with a copy of a valid California identification card or driver's license.
- Provide proof of low-income status by submitting copies of the following that apply:
 - Professionally prepared Federal and State Income Tax for 2015 or 2016*
 - Form SSA-1099 Social Security Benefit Statement
 - SSI Forms
 - Interest Income
 - Other (see list of "All Types of Income Received Last Year" on reverse)
- Please allow 2 - 4 weeks for processing. You will be notified when your application is approved so that your black trash container can be exchanged for the smaller 30 gallon container. The 30 gallon billing charge will appear on the next quarterly billing statement mailed out by Athens Services.

*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.



APPLICATION

City of Covina
2017 Low-Income Senior Citizen
30 Gallon Refuse Program

Fill out and return with copies of required documents to:
Environmental Services, City of Covina
125 E College Street, Covina, CA 91723

1. Name (First Middle Last) _____
2. Street Address _____ 3. City _____
4. State _____ 5. Zip _____ 6. Home Phone _____ 7. Other Phone _____
8. Valid CA Driver's License/ID number (attach photocopy) _____
9. Social Security Number _____

10. PLEASE CHECK ONE: New Application Renewal Application

11. Do you meet the low-income requirements as stated to the right?
 Yes No

12. Are you 62 years of age or older?
 Yes No

13. Do you live in a single family home in the City of Covina?
 Yes No

2016 LOW-INCOME GUIDELINES	
Household Size	Maximum Income from ALL Sources
1	\$ 30,400
2	\$ 34,750
3	\$ 39,100
4	\$43,400

Source: HUD FY 2016 Income Limits

14. Number of occupants in your household: _____

All Types of Income Received Last Year Must Be Used In Calculating Your Total Yearly Income for the Current Year

- | | | |
|---|---|---|
| <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 perform 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.

Applicant Signature _____

Date _____

OFFICE USE ONLY: Age _____ Income _____ Lic/ID _____ Status: Approved Pending _____
Date to Athens _____ Date to Applicant _____ Approved by _____ Approval Date _____