



**Residential Extremely Low Income
Waste Disposal Rate Application**

The City of La Puente’s Residential Extremely Low Income Waste Disposal Rate is available to residents whose combined total income of all members of the household fall within the extremely low income category. If you are interested in this program, please complete one application and an Affidavit of Financial Worth for each household member, and return it to the Development Services Department, City of La Puente, and 15900 East Main Street, La Puente, CA 91744. If you have any questions, please contact the Program Office, Monday through Thursday from 8:00 a.m. to 5:00 p.m. at (626) 855-1506.

In order to qualify, the annual household Adjusted Gross Income must not exceed:

Household Size	Extremely Low
1	\$25,050
2	\$28,600
3	\$32,200
4	\$35,750
5	\$38,650
6	\$41,500
7	\$44,350
8	\$47,200

(HUD Income Limits Los Angeles-Long Beach, CA Metro FMR Area – As of June 2022)

This application includes (please check):

- Affidavit of Financial Worth for each adult resident and/or employed minors of the household.
- Photo Identification of the applicant only.
- Copies of two (2) recent payroll check stubs for all employed members of the household; copies of Social Security Supplemental Security Income, welfare checks, etc. for all members of the household.
- Copies of two (2) most recent bank statements Checking’s and Savings Accounts (all pages).
- Copy of the Valley Vista Service Trash bill (most recent).

Please note: Incomplete applications will not be accepted.

Certification:

I certify that a total of _____ (# of people) reside at this service address and that the combined total gross income of the household does not exceed \$_____ per year.

I also certify that the information contained in this Residential Extremely Low Income Waste Disposal Rate Application is true and correct and complete to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of information will result in denial of approval or revocation of the Residential Low Income Waste Disposal Rate.

Name (Print): _____

Signature of Applicant: _____

Date: _____

Applicant Information & Affidavit of Financial Worth

(Complete for each household member)

Applicant Name: _____

Service Address: _____ **Phone Number:** (____) _____

Indicate if you are unemployed or retired: _____

List all people residing at the service address:

Employer Information

Currently unemployed since (insert date): _____ Receiving Unemployment benefits? Yes No

Name of Employer: _____

Address of Employer: _____

Employer Telephone: (____) _____

Occupation: _____ Gross Monthly Income*: _____

(*Gross Monthly Income includes: wages, salaries, tips, commissions, self-employment income-proprietorships/partnerships, etc).

List all other sources of income and monthly amount from each. Please provide copies of documents. (This includes interest, dividends, net rental income, income from estates or trusts, social security or railroad retirement, supplemental security income, aid to families with dependent children, or other public assistance/public welfare programs, retirement, stocks, bonds, notes, survivor or disability pensions, any other income received regularly, Veterans' payments, unemployment compensation, and alimony):

No.	Source	Monthly Amount
1.		
2.		
3.		
4.		
5.		

List banking institutions name and address. Please provide two (2) copies of recent bank statements.

No.	Bank Name & Address
1.	
2.	
3.	

Approximate Annual Household Income \$ _____

I understand that this affidavit will be referred to the City for a determination of eligibility for the extremely low-income waste disposal rate. I agree to sign a release form of my most recent federal income tax returns and other copies of financial statements as indicated. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Applicant

Date

Household Member Affidavit of Financial Worth

(Form required for each person residing at the service address)

Name: _____

Service Address: _____ Phone Number: (____) _____

Indicate if you are unemployed or retired: _____

Employer Information

Name of Employer: _____

Address of Employer: _____

Employer Telephone: (____) _____

Occupation: _____ Gross Monthly Income*: _____

(*Gross Monthly Income includes: wages, salaries, tips, commissions, self-employment income-proprietorships/partnerships, etc).

List all other sources of income and monthly amount from each. Please provide copies of documents. (This includes interest, dividends, net rental income, income from estates or trusts, social security or railroad retirement, supplemental security income, aid to families with dependent children, or other public assistance/public welfare programs, retirement, stocks, bonds, notes, survivor or disability pensions, any other income received regularly, Veterans' payments, unemployment compensation, and alimony):

No.	Source	Monthly Amount
1.		
2.		
3.		
4.		
5.		

List banking institutions name and address. Please provide copies of recent bank statements.

No.	Bank Name & Address
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Approximate Annual Household Income \$ _____

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Signature of Household Member

Date