

# CONSOLIDATED DISPOSAL SERVICE

 A REPUBLIC SERVICES COMPANY

## Rosemead Senior Citizen Refuse Disposal Rate Discount Application

Check One:  NEW APPLICATION  RENEWAL APPLICATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_ Number of persons residing at this address: \_\_\_\_\_

**AGE VERIFICATION:** (Requires at least 1 of the documents below) *Please present a copy with this application.*

California Driver's License #: \_\_\_\_\_

California I.D. Card #: \_\_\_\_\_ Other: \_\_\_\_\_

**INCOME VERIFICATION:** *Please present a copy with this application.*

Most recent Income Tax Return or current SSI statement to verify income of resident applying for discount; **AND** Applicant swears or affirms by signing this application, under penalty of law, that income does not exceed qualifying maximum stated below.

**MOST RECENT TRASH BILL** *Please present a copy with this application.*

Bill must be under the applicant's name to qualify.

**NOTE: Billing will be in effect on the next billing cycle.**

Consolidated Disposal Service as the sole provider of solid waste disposal for the residents of the City of Rosemead, in cooperation with the City of Rosemead, is authorized to charge a Senior Citizen Hardship Rate. Those customers, age 62 and older, which meet the following income limitation, shall be entitled to the Senior Citizen Rate as listed in the agreement between the City of Rosemead and Consolidated Disposal Service.

**Eligible residents must meet the following criteria and CONFIRM that:**

1. At least one spouse is 62 years of age or older.
2. Total monthly gross income per single senior does not exceed \$1,197.00 per month. Couples monthly income not to exceed \$2,395.00.
3. The senior who is beneficiary of this program shall be head of household and primary resident of the property.
4. Application for the reduction rate is renewable annually.

**CDS Representatives are available to answer your questions about our Senior Discount Program.**

**Please call 800-299-4898**

The above –mentioned resident certifies that the information above is true and accurate, and that the present disposal payment is current.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

CDS REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please mail or fax your completed application and copies of verification to:**

**Consolidated Disposal Service, 12949 Telegraph Rd., Santa Fe Springs, CA 90670 Fax: (877)540-8017**