

Return to: Salinas City Clerk, 200 Lincoln Avenue, Salinas, CA 93901 (831) 758-7381

**LOW INCOME SENIOR RESIDENT  
SPECIAL GARBAGE SERVICE RATE  
APPLICATION**

**Rates are for basic service, i.e. 32-gallon refuse, and recycle and yard waste cans. There will be an additional charge for larger carts.**

Low Income Senior Resident Service: **\$4.25 per month (effective July 1, 2010)** Cans will be picked up on the curb.

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**PRINT Name:** First Middle Initial Last

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**PRINT Residential Address:** Street Number and Name, City, Zip Code

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**Daytime Telephone Number** **Date of Birth**

**There are \_\_\_\_\_ person(s) in my household. The total household annual income for all family members as shown on the attached document(s) is \_\_\_\_\_.**

I certify that I meet all of the eligibility requirements for my category as stated on the back of this form. I understand that this special refuse rate is subject to increase by City Council action at any time. I agree to reapply and give proof of continued eligibility prior to July 1 of every odd-numbered year. Failure to reapply will result in an increase from the special rate to the regular service rate effective July 1 of that same year. I understand that if my household annual income increases beyond the maximum eligible income level, the special rate will be terminated and the regular rate will be imposed effective the first of the month following the date of ineligibility. I agree to notify the Salinas City Clerk's Office within thirty days of any change in circumstances resulting in my becoming ineligible for the discounted rate. I certify under penalty of perjury that the foregoing is true and correct.

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Signature Date

APPROVED:

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City Clerk's Signature Date

**-OVER-  
ELIGIBILITY AND PROOF REQUIREMENTS**

To establish eligibility, the application must be submitted **along with proof of age and proof of income eligibility in the form of TAX RETURNS and other appropriate documents.** Seniors applying for backyard service must also show proof of permanent disability. (Doctor's letter stating permanently disabled). Along with tax returns, non-taxable income must be declared as well.

To qualify as a LOW INCOME SENIOR CITIZEN, you must meet all of the requirements listed below:

1. Be 65 years of age or older.
2. Gross household annual income must be at or below one half of the median income for Monterey County as established by California Code of Regulations, Title 25, Division 1, Chapter 6.5, Subchapter 2, Section 6932 (SMC §14-1).
  - a. One household member \$23,550
  - b. Two household members \$26,900
  - c. Three household members \$30,300
  - d. Four household members \$33,650

If there are more than four members in your household, please ask the City Clerk's Office for the income limit information.

3. List garbage service in his or her name
4. Property is person's principal place of residence in the City of Salinas.

Gross income includes all taxable and non-taxable income, including Social Security, pension funds, tax-free interest and other income excluded from federal income tax. If you receive Social Security, you must attach a copy of the letter from Social Security, which states the entitlement amount. You may obtain one from the Salinas Social Security Administration Office. Copies of the monthly check from Social Security are not acceptable for processing the special refuse rate application.

Note: Billing for residential service provided to mobilehome Senior Citizen residents are sent to the Park's owner. Discounts would be provided in the form of a reduced bill to the Park owner based on the number of Senior Citizens Accounts in the Mobilehome Park.

**Esta Forma Esta Disponible en Español.**