



North Central Solid Waste Authority
SENIOR LOW INCOME APPLICATION

P O Box 1230
2016 North Riverside Drive
Española, NM 87532
(505) 747-8459 • (505) 747-8464 fax

CALENDAR YEAR 2017

APPLICATION DEADLINE FEBRUARY 28, 2017

Account No. _____

RECEIVED DATE

Billing Information

PROPERTY ACCOUNT # _____

(1) Applicant: _____

(2) Applicant: _____

Billing Address: _____

State _____ Zip _____

Service Address: SR/CR/Hwy _____ PD _____

House _____ Street Name _____

Location (example Espanola/Velarde/Truchas) _____

Phone No.: _____ Cell No. _____

(1) Driver's License: _____ State _____

Exp: _____ DOB _____ [] Copy

(2) Driver's License: _____ State _____

Exp: _____ DOB _____ [] Copy

UPC CODE: _____

DO YOU HAVE A POLYCARD?

YES [] NO [] Polycart # _____

Income Information
Household Eligibility

Income eligibility obtained from Federal Poverty Guidelines.

Table with 3 columns: Household Size, Monthly Income, Annual Income. Rows for 1 and 2 household sizes.

FROM NCSWA BYLAWS:

- 1) The applicant is age 65 (sixty-five) or older on January 1st of the calendar year for which the discount is to be received; or
2) The applicant lives with no more than one other person at the address and both are age 65 (sixty-five) or older on January 1st of the calendar for which the discount is to be received; or
3) The applicant lives alone or with no more than one other person at the address and the applicant is a caregiver for one other person of any age with documented disabilities living at the address.
4) Customers requesting a senior discount will be required to provide proof of age and may be required to provide proof verifying they reside at the account address.
5) The NCSWA Board of Directors may deem, in open meeting, that any discount offered be based on income. In such case, proof of income for applicant and any other resident of the home shall be required. The NCSWA Manager shall determine what constitutes proof of income. Any applicant owning or co-owning more than one habitable dwelling or other income-producing property will not be eligible for an income-based discount.

List all household members and income:

Table with 2 columns: Name, Income Amount. Two rows for household members.

I hereby certify that I am age 65 or over and live in my own home and am the lawful owner of the parcel(s) of land for which this application concerns. I also acknowledge that delinquent and/or unpaid balances are my sole responsibility. I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge, and that I will accept responsibility for all charges and fees. I further understand that this application may be delayed in processing or denied if the information provided is incomplete or inaccurate. This discount will apply to applicant's primary residence only.

Owner's signature: _____ Date: _____

Required documentation for Low Income Senior Discount – Attached (all required select)

- [] Proof of Age *Must be 65 years of age or older [] Copies of your 2015 or 2016 Federal Tax Returns

OFFICE USE ONLY

All documentation has been received and reviewed by:

Approved [] Denied [] Approved [] Denied []

Date _____ Date _____

Office Review Application was denied: _____ Manager _____