

Recology Sunset Scavenger & Recology Golden Gate Lifeline Rate Application

Entire application must be completed and signed.

I certify:

- The garbage bill is in my name.
- I am not claimed on another person's income tax return.
- My household lives at this address more than half the year.
- I will renew my application when requested.
- I will notify my garbage company if my household no longer qualifies for the Lifeline Rate.
- I understand that the garbage company reserves the right to verify my household's income.
- I have attached documentation related to two of the items checked below to verify my eligibility.

I request: (check one)

- Regular Lifeline Service (32-gallon can)
- Lifeline Mini-Can Service (20-gallon can)

Qualifications

Please check ALL SOURCES of household income:

- | | |
|---|---|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Disability payments |
| <input type="checkbox"/> Profit from self-employment
(IRS Form 1040, Schedule C) | <input type="checkbox"/> Insurance or legal settlements |
| <input type="checkbox"/> Child or spousal support | <input type="checkbox"/> Workers' compensation |
| <input type="checkbox"/> Interest or dividends from savings
accounts, stocks, bonds, or
retirement accounts | <input type="checkbox"/> Scholarships, grants, or other
aid used for living expenses |
| <input type="checkbox"/> Rent or royalty income | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> Cash income or gifts | <input type="checkbox"/> Social Security, SSI, SSP |
| | <input type="checkbox"/> TANF (AFDC) |
| | <input type="checkbox"/> Other income |

Total persons living in my household: _____

Total money received yearly by my household: (zero not accepted) _____

Name (as shown on your garbage bill):

Street Address:

Zip Code:

Home Telephone:

Other Telephone:

Account Number:

(Recology Sunset Scavenger or Recology Golden Gate)

By signing below, I certify that the information I have provided in this application is true and correct. I agree to notify my garbage company of any change in my household that affects eligibility for a Lifeline Rate. I also agree to provide proof of income if asked. If I fail to provide the information requested, or received the discount when my household was not eligible, I will be billed at the standard rate in the future and may be required to repay the discount received.

Customer Signature: _____ Date: _____

Check if guardian or power of attorney

After you print, complete, and sign the Lifeline Rate Application, mail it to your San Francisco garbage company for review:

**Recology Sunset Scavenger
250 Executive Park Blvd., Suite 2100
San Francisco, CA 94134**

**Recology Golden Gate
900 Seventh Street
San Francisco, CA 94107**