



# Los Osos Community Services District

## SOLID WASTE CUSTOMER ASSISTANCE PROGRAM APPLICATION

### Application Information

Los Osos residents, within Los Osos District boundaries, that are Mission Country Disposal Customers and are looking for financial assistance to help with your Solid Waste/Trash bill may be qualified for the Solid Waste Customer Assistance Program. This program allows for a 20% low-income discount to be provided to residential customers using a 32-gallon or 19-gallon cart service, with evidence of qualifying financial hardship. Be sure to redact Social Security or data sensitive information. Name on documentation must match name on Mission Country Disposal account.

1. Applicant Name: \_\_\_\_\_
2. Mission Country Disposal Account Number: \_\_\_\_\_
3. APN (Assessor Parcel Number): \_\_\_\_\_
4. Service Address: \_\_\_\_\_
5. Mailing Address (if Different from Above): \_\_\_\_\_
6. Daytime Telephone Number: \_\_\_\_\_
7. Email: \_\_\_\_\_
8. Applicant MUST provide one of the following pieces of information with completed application:
  - a. Supplemental Social Security Income (SSI); or
  - b. CalFresh Food Stamps (Notice of Approval); or
  - c. CalWORKs (AFDC) Notice of Approval; or
  - d. Temporary Assistance for Needy Families (TANF); or
  - e. Veteran Survivor Pension Benefits Documentation (must show the account holder's name as well as the service address).

### Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that I am a primary residential account holder of the Mission Country Disposal account for my residence and declare under penalty of perjury that the foregoing is true and correct. I agree to provide proof of income if asked. I agree to inform the Los Osos Community Services District if I no longer qualify to receive this discount.

I understand that eligibility for this program must be renewed annually. If all the information is not provided, my rate reduction may be denied or delayed. The information on this application will be used to determine my eligibility for the Solid Waste Customer Assistance Program. I understand that submitting false information will result in the Assistance Program being denied.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return completed application to Los Osos CSD - 2122 9<sup>th</sup> Street Suite 110, Los Osos, CA 93402