



Sun Valley General Improvement District
 5000 Sun Valley Boulevard
 Sun Valley, NV 89433-8229
 Phone: (775) 673-2220
 Fax: (775) 673-1835

GARBAGE LOW INCOME/HARDSHIP ASSISTANCE PROGRAM

The Applicant agrees to comply with all Sun Valley General Improvement District Rules, Regulations and Tariff Schedules legally adopted by the Board of Trustees of the District subject to modification from time to time, as same becomes legally effective. A copy of such Rules, Regulations, and Tariff Schedules are available at the District office located at 5000 Sun Valley Blvd., Sun Valley, Nevada. This assistance must be applied for annually unless otherwise approved by District personnel. Your Waste Management account must be current and not more than 1 quarter past due in order to be considered for garbage assistance under this program. Contact the District office for more info.

CUSTOMER INFORMATION

Applicant _____
 Co-applicant _____
 Service address _____ SUN VALLEY NV 89433
 Mailing address _____
 Preferred method of contact? Home: _____ Cell Phone: _____ Work Phone: _____

Total number in household _____ # of adults _____ Level of garbage service you currently use _____

Additional Comments: _____

Additional information and documentation (telephone bill, electric bill or driver's license showing Sun Valley service address) may be requested depending on your particular circumstance. I hereby give my permission to release or to have this information verified by other agencies, both public and private. I certify that the information that I have provided is true and correct to the best of my knowledge.

Applicant signature: _____ Date: _____

Co-Applicant signature: _____ Date: _____

FOR A/P OFFICE USE ONLY

INCOME SCALE - ANNUAL

A. Social Security (attach – SS1099 form) \$ _____
 B. Pension (attach 1099 form) \$ _____
 C. Wages (attach W-2 & Fed Income Tax forms) \$ _____
 D. Other Yearly Income \$ _____
 TOTAL \$ _____

INCOME SCALE - MONTHLY

A. Copy of Social Security Check \$ _____
 B. Supplemental Social Security \$ _____
 C. copy of Monthly Pay Check Stubs \$ _____
 D. Other Monthly Income \$ _____
 TOTAL \$ _____

of working adults _____ Total number in household _____

Permanent fixed income (explanation) _____
 Temporary fixed income (explanation) _____
 Approved Disapproved Hardship Low income

Comments: _____

Date Enrolled: _____ By: _____

Date Withdrawn: _____ By: _____ Reason: _____

Sun Valley GID Garbage Assistance Program

Low Income Assistance Qualifications:

Per State of Nevada Assistance Program as outlined below and based on Federal Poverty Guidelines. Gross income of all members of a household is used in determining qualifications.

July 1, 2016 thru June 30, 2017

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>
1	\$17,820	\$1,485
2	\$24,030	\$2,003
3	\$30,240	\$2,520
4	\$36,450	\$3,038
5	\$42,660	\$3,555
6	\$48,870	\$4,073
7	\$55,095	\$4,591
8	\$61,335	\$5,111
ADD:	\$6,240 for each additional person	\$520.00 for each additional person

A household is broadly defined as an individual or group of individuals, related or not, who are living together and sharing a primary residence.