

LOW INCOME DISCOUNT APPLICATION

(Please see the other side for additional information)

Name:			Hayward Water System Account #:						
Address:			Waste Mgmt. of Alameda Co. Account #:						
Phone number:			Emergency Services Facilities Tax (Excise Tax) Account #: Date moved in: _____ Date moved out: _____						
Number of persons in household, including applicant, family members & roommates:									
Resident Information (applicant, family members, roommates)			Total Gross Income* (Enter monthly amount; documentation for each income source is required)						
Name	Age	Relationship to applicant	Gross Wages	Interest / Dividends	Social Security	Pensions	Public Assistance	Rental Income & Other	Total
							Total Monthly Income		
							Total Annual Income		
<i>I certify under penalty of perjury that the information supplied on this document is true and correct.</i>									
<i>Head of Household Signature</i>							<i>Date</i>		
Please remember to include documentation for each source of income or this application will be returned.									
For office use only									
Approved			Date Entered				Date ET Adjusted		
Approved By			Entered by				Adjusted by		

CITY OF HAYWARD LOW INCOME DISCOUNT APPLICATION

Garbage Collection Fee Discount: The Hayward City Council passed a mandatory trash collection ordinance requiring all Hayward residents to subscribe to garbage collection service. The ordinance also provides a monthly discount based on income. You may be eligible for this reduction if you reside within the Hayward city limits, and meet the gross income requirements.

Hayward Water System Discount: If you pay a water bill to the Hayward Water System, you may be eligible for a reduction on your Meter Service Charge each billing period if you meet the gross income requirements.

Emergency Services Facilities Tax Exemption: The ESFT is a general tax levied on all residences and businesses in the City of Hayward since 1991. However, you may be eligible for an exemption if you meet the gross income requirements.

If you believe you would qualify for any of the programs, please completely fill out the Low Income Application (see reverse side). When calculating the total gross income*, it must include the total income for everyone residing at the address, and include documentation for each person's income. **Your application will not be processed without the documentation verifying your gross income.**

Acceptable forms of documentation may include:

- ❖ Copy of IRS return for the previous year (front page only showing income)
- ❖ Copy of AFDC or Welfare Aid Verification with amount of benefit
- ❖ Copy of disability check or statement for amount of benefit
- ❖ Copy of a recent SSI and/or Social Security check or
- ❖ Copy of a recent Bank Statement (if you have direct deposit)
- ❖ Copy of a recent pay stub

These are examples of documentation; we do not need one of each. All that is necessary is enough documentation that will verify the amount of income you list on the reverse side of the application. Please do not send original documents, they will not be returned.

Completed applications may be brought or mailed to:

City of Hayward Revenue Division
777 B Street
Hayward Ca 94541

Phone (510) 583-4610 TDD (510) 247-3347

<i>GROSS INCOME REQUIREMENTS*</i>	
\$29,350 per year – 1 Person Family	\$45,250 per year – 5 Person Family
\$33,500 per year – 2 Person Family	\$48,600 per year – 6 Person Family
\$37,700 per year – 3 Person Family	\$51,950 per year – 7 Person Family
\$41,900 per year – 4 Person Family	\$55,300 per year – 8 Person Family

*Gross income is the **total income of every person residing at the address (family and roommates)**, from whatever source derived, whether taxable or non-taxable, including but not limited to wages, salaries, interest, dividends, spousal or child support payments, public assistance, social security, pensions, and any income from self employment, including rental property income.