



Low Income Discount Program (LIDP) Application

Solid Waste Residential Discount

In an effort to assist the customers we serve, we are dedicated to understanding our customers' needs when they are experiencing unplanned hardship. As a result Yolo County has developed this Low Income Subsidy Program (LISP) to provide financial assistance to those in need. Program guidelines include but are not limited to:

- You may not be claimed as a dependent on another person's income tax return
- You may not share solid waste services with another home or business
- You must live at the address where the discount will be received

Instructions:

Section 1 Complete
 Section 2 Complete
 Section 3 Attach required supporting documentation
 Section 4 Sign and mail to the address listed on Page 2 to apply

Section 1 - Solid Waste Customer Information:

Which collection company provides solid waste service to you (check one):



Name: _____
 (As it appears on your billing statement)

Account #: _____
 (Found in the upper right hand corner of your bill)

Service Address: _____

Mailing Address: _____
 (If Different from Service Address)

Daytime Phone: (____) _____ - _____
 (Please include area code)

Email: _____

Section 2 – Income Guidelines: (Valid through December 31, 2020) *Total gross annual household income limit is before taxes based on current income sources and includes all taxable and nontaxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

Household Size:	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
*Total Gross Annual Household Income Limit	\$33,820	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860

Number of People Living in Residence: _____ Adults + _____ Children = _____ TOTAL people

Check any additional program(s) that your household participates in:

- | | |
|--|--|
| <input type="checkbox"/> Medicaid/Medi-Cal | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalFresh/SNAP (Food Stamps) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP or PG&E CARE) |
| <input type="checkbox"/> Women, Infants and Children (WIC) | <input type="checkbox"/> Medi-Cal for Families (Healthy Families A&B) |
| <input type="checkbox"/> CalWORKs (TANF or Tribal TANF) | <input type="checkbox"/> National School Lunch Program (NSLP) |

Section 3 - Household Income Verification:

Please attach proof (i.e. copy of income tax return, pay stubs, etc.) of household income with this form.

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

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Section 4 – Declaration: (Please read carefully and sign below)

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for 12 months, I will notify the Yolo County Division of Integrated Waste Management of any changes to my household that may affect my eligibility. I understand that this information may be shared with my other utilities, if applicable.

Customer Signature (check if guardian or power of attorney)

Date

SUBMIT DOCUMENTS TO:

Yolo County – DIWM
Attn: Waste Reduction Manager
44090 County Road 28H
Woodland, CA 95776

----- **FOR DIWM USE ONLY** -----

APPROVED	DENIED
<input type="checkbox"/>	<input type="checkbox"/>
_____ DIWM Signature	_____ Date

For Assistance Please Call
(530) 666-8813