



SENIOR CITIZEN / DISABILITY GARBAGE RATE ASSISTANCE PROGRAM APPLICATION

Please Type or Print

Name: _____ Age: _____ S.S.#: _____

Spouse: _____ Age: _____ S.S.#: _____

Address: _____ Ph #: _____ # People in Household: _____

I am applying for:

___ **Senior Citizen Discount** (Each and every tenant or property owner occupying a residential household in the City who is 62 years of age or more, who is receiving social security benefits, who qualifies under the income guidelines established in Section 3 of Resolution Number 6103).

___ **Disability Discount** (Each and every tenant or property owner occupying a residential household in the City who has been determined to be disabled under Title II or Title XVI of the Social Security Act, 42 U.S.C. 401 et. Seq.; 42 U.S.C. 1381 et. Seq., who is receiving disability benefits pursuant thereto, who qualifies under the income guidelines established in Section 3 of Resolution Number 6103).

To receive garbage assistance you must demonstrate that the sum of all sources of income derived by all persons who are 21 years of age or older and occupying the residential household, including, but not limited to, wages, social security benefits, benefits received under any retirement plan, and interest income, does not exceed the current income limits established pursuant to Section 3 (b)(2) of the United States Housing Act, as amended, for Gage County, Nebraska.

Please complete the section below and provide copies of the required bank statements, tax records, savings and pension statements and any other income records needed to complete your application.

Social Security, Disability Income	_____
Wages, Salaries, Tips	_____
Taxable Interest Income	_____
Dividend Income	_____
Pension and Annuities - Taxable Amt.	_____
TOTAL GROSS INCOME	=====

Failure to complete this application and to provide copies of all income will disqualify you from receiving garbage assistance for a one (1) year period.

I understand completion of this application does not constitute immediate acceptance into this program. Once accepted, I agree to notify the City of Beatrice in the event of a change of address or change of income. Such person shall demonstrate that he or she qualifies under the above income guidelines at least once every two (2) years.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, as may be necessary in arriving at a decision.

Signature of Applicant

Date

Signature of Spouse

Date

RETURN COMPLETED APPLICATION TO:
City of Beatrice - Attn: Billing - 400 Ella Street - Beatrice, NE 68310



**CITY OF BEATRICE
SENIOR CITIZEN / DISABILITY GARBAGE RATE ASSISTANCE PROGRAM**

AUTHORIZATION FOR VERIFICATION OF INCOME AND ASSETS

I, _____, who resides at _____, do
hereby give my authorization to the City of Beatrice, to make any and all investigations and verifications of
income and/or assets for certification pursuant to my application for Garbage Assistance.

Signature of Applicant

Signature of Spouse

Signed this _____ day of _____, 20_____.