

CITY OF DES MOINES
RECOLOGY
LOW INCOME SENIOR/DISABLED EXEMPTION
APPLICATION

The following information is given voluntarily by the undersigned as an applicant for the low income senior or disabled exemption for Surface Water Management and 25% discount for garbage service with Recology CleanScapes Inc.

NAME: _____
ADDRESS: _____
PHONE: _____ DATE OF BIRTH: _____
MARITAL STATUS: _____

COMBINED INCOME (Please attach a copy of your current year wage statements and Social Security).

COMBINED INCOME (Please attach a copy of previous year Federal Tax Return).

For disabled exemption/discount, I certify that I am permanently disabled and I attach herewith a copy of the attending physician's statement verifying such permanent disability.

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief and that I own the property listed above.

Dated this _____ day of _____, 20_____.

Applicant Signature

Completed applications should be returned to:

City of Des Moines
Novy Ochoa Senior Activity Center
2045 S 216th St
Des Moines, WA 98198
206-870-6583
ndonato@desmoineswa.gov

OFFICE USE ONLY:

Based on the information provided by the applicant, _____
Is/are either age sixty-five(65) or older or disabled and that their combined disposable income from all sources does not exceed the King County Community Development Block Grant Consortium Low Income Schedule for the preceding calendar year.

By: _____

Title: _____

CITY OF DES MOINES