



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

GARBAGE ASSISTANCE PROGRAM – LOW INCOME/HARDSHIP

By Applicant's signature below, 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 and as modified from time to time. A copy of such Rules, Regulations, and Tariff Schedules are available at the District office.

The Garbage Assistance Program is available to qualifying District customers whose premises are the tax-paying area of the District covers residential garbage service for 1 container only. It does not cover account setup, reinstatement, late, or contamination fees, or other fees. 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 enroll in this Program. You may be removed from the Program, with notice to you, if your Waste Management bill contains a notice of contamination indicating that a fee will be charged to your next quarterly Waste Management bill. If removed from the Program due to contamination fees, you may reapply for assistance once the next quarterly bill is received indicating that all contamination fees have been paid. If after reinstatement you receive any further contamination notices you may be removed from the Program indefinitely and/or opt to eliminate the possibility of additional contamination notices by returning the recycling container to Waste Management and not participating in their recycling program.

CUSTOMER INFORMATION

Applicant _____ Co-Applicant _____

Service Address _____ Sun Valley, NV 89433

Mailing Address _____

Phone Number _____ Total # in household _____ # of adults _____

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 OFFICE USE ONLY

INCOME SCALE – (Proof of gross income attached)

Social Security / SSI	\$ _____	Annual	Monthly
Pension	\$ _____	Annual	Monthly
Wages	\$ _____	Annual	Monthly
Other	\$ _____	Annual	Monthly

of working adults _____ Total # in household _____

_____ Permanent fixed income (explanation) _____

_____ Temporary fixed income (explanation) _____

Comments _____

Date Enrolled _____ By: _____

Date Withdrawn _____ By: _____ Reason: _____

Revised: 07/01/2024



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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, 2024 thru June 30, 2025

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>
1	\$22,590.00	\$1,882.50
2	\$30,660.00	\$2,555.00
3	\$38,730.00	\$3,227.50
4	\$46,800.00	\$3,900.00
5	\$54,870.00	\$4,572.50
6	\$62,940.00	\$5,245.00
7	\$71,010.00	\$5,917.50
8	\$79,080.00	\$6,590.00
ADD:	\$8,070.00 for each additional person	\$672.50 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.