



**CITY OF STOCKTON – DLI Program**  
Utility Billing Unit • 425 N. El Dorado • Stockton, CA 95202-1997 • (209) 937-8295  
**DISABLED LOW INCOME APPLICATION**  
**FOR SOLID WASTE COLLECTION SERVICE DISCOUNT**

The City of Stockton provides a 10% discount on solid waste rates for people who are disabled and whose total household income is below the City’s median income level (currently \$35,483).

**Program Qualifications:**

- Must be found disabled by the Social Security Administration or CA State Disability Program.
- Must be under 65 years of age (other discounts are available to seniors 65 years or older).
- Must have a total annual household income for all adults (18 years or older) **less than** \$35,483.
- Must reside in a single-family home, duplex or triplex within Stockton city limits.  
- For duplex and triplex residents, the discounted rate will only apply to your dwelling unit.
- Must be the utility customer at the service address and receive a unified bill from Cal Water or City of Stockton.

**Changes to Household Income or Disability Status:**

You are responsible for notifying the City of Stockton if: 1) your total household income increases above the median income level or 2) your disability status changes.

**Verification of Program Qualifications:**

At any time, disability status and total household income may be audited to verify discount eligibility.

**Disabled Low Income Rates:**

For a current list of rates, visit the City’s website at:  
<http://www.stocktonca.gov/government/departments/publicWorks/garbRD.html>

Or, you may call (209) 937-8295 and speak to a customer service representative.

**Steps to Apply for the Discount:**

1. Complete the application (see reverse side);
2. Make a copy of your CA State Disability paperwork showing proof of award issued within the last 12 months or a document from the Social Security Administration verifying you were found disabled.
3. Make a copy of your driver’s license or other government-issued identification verifying your age;
4. Make copies of proof of all income for EVERY household resident 18 years or older (such as W-2’s, 1099’s, Social Security benefit documents, earned income, capital gains, pensions, and other benefits) and all Federal and State Income tax returns (if filed); and,
5. Send application and copies of income tax documents to:

City of Stockton – DLI Program  
425 N. El Dorado Street  
Stockton, CA 95202-1997

**When the Discount will apply:**

If your application is approved, the discount rate will take effect on the date your application was received by the City of Stockton. No credits will be issued for charges billed prior to the date received.



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<b>For Office Use Only</b>		
Received:	_____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Notified
Reason:	_____	

**Part A - Program Qualifications:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you been found disabled by the Social Security Administration or CA State Disability Program?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you under 65 years of age?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the total annual income for all adults (18 yrs. and older) in the household <b>less than \$35,483</b> (see item 3 under "Program Qualifications")? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you reside in a single-family home, duplex or triplex in Stockton City limits?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you the utility customer at this service address?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: If you answered "no" to any of these questions, you do NOT qualify for the 10% disabled low income discount rate.

**Part B - General Information:**

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

**Part C - Financial Information:**

List all people (including yourself) living at the service address age 18 or older:

Name (include yourself)	Annual Income
_____	_____
_____	_____
_____	_____
<b>Total Annual Household Income:</b>	
	_____

*If there are more than three (3) people in your household, list names and incomes on an additional sheet of paper.*

**Part D - Documentation (must be returned with your application):**

- A copy of your Social Security Administration or State Disability program documents stating that you are disabled (see item 2 "Steps to Apply for the Discount" on the reverse side for details); **AND**
- A copy of your driver's license or other government-issued identification verifying your age; **AND**
- Copies of proof of all income for EVERY household resident 18 years or older (such as W-2's, 1099's, Social Security benefit documents, earned income, capitol gains, pensions, and other benefits) and all Federal and State income tax returns (if filed) - documentation must include the last four digits of the Social Security numbers.

**Part E - Customer Signature and Certification:**

By signing below, I certify that all information provided on this application and the supporting documents are true and correct. Furthermore, I understand that I am responsible for notifying the City of Stockton if my disability status changes or the total household income increases above the median income level. My eligibility or this discount is subject to audit at anytime, and if I receive the discount without qualifying for it, I will be required to pay back all discounts received.

_____	_____	_____
Customer Name	Printed Name	Date