

**Re: Senior Discount Application**

Dear Resident:

In response to your request for information on a discount rate for senior citizens, CR&R is enclosing an application for the return of the completed application and copies of the required documents.

To be eligible for the discount, a resident of Huntington Park must meet the following criteria:

* Be the head of household
* Be over the age of 62
* And must be receiving social security

The following documentation is required:

* A copy of your California Driver’s License or California ID
* Proof that you are head of household (copy of utility bill)
* A copy of your social security check, or any type of proof that you are the recipient of social security benefits (example: a copy of your bank statement showing your social security check is being directly deposited into your account, or any paperwork that has proof you are receiving social security benefits).

The completed application may be faxed, emailed, or returned in person at the CR&R payment window at City Hall. Please see the information below:

* Fax #: 714-890-0961
* Email Address: [csla@crrmail.com](mailto:csla@crrmail.com)
* Physical Address: 6550 Miles Ave, Huntington Park, CA 90255

An incomplete application will delay processing.

Thank you,

CR&R Customer Service

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **CR&R Environmental Services**  SENIOR CITIZEN RESIDENTIAL WASTE RATE | | | | | | | | | | |
| REDUCTION APPLICATION | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| APPLICANT'S NAME: | | | LAST | | | FIRST | | | M | |
|  | | |  | | |  | | |  | |
| SPOUSE'S NAME: | | | LAST | | | FIRST | | | M | |
|  | | |  | | |  | | |  | |
| ADDRESS: | | | STREET ADDRESS | | | CITY | | ZIP | | |
|  | | |  | | |  | |  | | |
| PHONE NUMBER: ( ) | | | | | DATE OF BIRTH: | | Month | Day | | Yr |
|  |  | |  |
| HEAD OF HOUSEHOLD | | | YES ☐ | NO ☐ |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  | |  |
| NUMBER OF PERSONS IN HOUSEHOLD: \_\_\_\_\_\_\_ | | | | |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  | |  |
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| The undersigned declares that the foregoing information is true. If any part of this | | | | | | | | | | |
| information is not true, the undersigned will be required to remit to CR&R Waste & Recycling | | | | | | | | | | |
| the full rate for residential waste collection services. | | | | | | | | | | |
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|  | | | | |  |  | | | |  |
|  |  |
| Applicant (s) Signature | | | |  |  |  | Date |  | |  |
|  | | | | |  |  |  |  | |  |
|  |  |  |  | |  |
| Print Name | | | | |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  | |  |
| **FOR OFFICE USE ONLY** | | | | | | | | | | |
| DRIVER LICENSE # | |  | | |  |  | **ACCOUNT #** | | | |
| CA ID # | |  | | |  |  |  | | | |
| PROOF OF BEING SOCIAL SECURITY RECIPIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | |  |
| COMMENTS: | |  | | | | | | | |  |
|  |  |  | | | | | | | |  |
| APPLICATION: | | |  | | --- | |  | | Approved ☐ | |  | | --- | |  | | Denied ☐ |  |  |  | |  |
|  |  |  | | | |  |  | | |  |
| PROCESSED BY: | | DATE: |  |
|  |  |  | | | |  |  | | |  |
| APPROVED BY: | | DATE: |  |
|  |  |  |  |  |  |  |  |  | |  |