North Central Solid Waste Authority

SENIOR LOW-INCOME APPLICATION

P O Box 1230
1101 Industrial Park RD Suite C
Española, NM 87532
(505) 747-8459 • (505) 747-8464 fax
ncswa-nm.org

CALENDAR YEAR 2027

Account No._____

RECEIVED DATE

Billing Information

PROPERTY ACCOUNT #_____
(1) Applicant: _____
(2) Applicant: _____

Billing Address:

_____

_____**State**_____ **Zip** _____

Service Address: SR/CR/Hwy _____ **PD** _____

House _____ **Street Name** _____

Location (example Espanola/Velarde/Truchas) _____

Phone No.: _____**Cell No.** _____

(1) Driver's License: _____**State**_____

Exp: _____**DOB** _____ ☐ **Copy**

Email: _____

DO YOU HAVE A POLYCART?
YES ☐ **NO** ☐ **Polycart #**_____

Income Information
Household Eligibility
Income eligibility obtained from Federal Poverty Guidelines.

Household Size	Monthly Income	Annual Income
☐ 1	$1,995.00	$23,940.00
☐ 2	$2,705.00	$32,460.00

FROM NCSWA BYLAWS:

1) The applicant is age 65 (sixty-five) or older on January 1st of the calendar year for which the discount is to be received; or
2) The applicant lives with no more than one other person at the address, and both are age 65 (sixty-five) or older on January 1st of the calendar for which the discount is to be received; or
3) The applicant lives alone or with no more than one other person at the address and the applicant is a caregiver for one other person of any age with documented disabilities living at the address.
4) Customers requesting a senior discount will be required to provide proof of age and may be required to provide proof verifying they reside at the account address.
5) The NCSWA Board of Directors may deem, in open meeting, that any discount offered be based on income. In such case, proof of income for applicant and any other resident of the home shall be required. The NCSWA Manager shall determine what constitutes proof of income. Any applicant owning or co-owning more than one habitable dwelling or other income-producing property will not be eligible for an income-based discount.
6) **Any incomplete application will be DENIED.**

List all household members and income:

Name	Income Amount
_____	_____
_____	_____

I hereby certify that I am age 65 or over and live in my own home and am the lawful owner of the parcel(s) of land for which this application concerns. I also acknowledge that delinquent and/or unpaid balances are my sole responsibility. I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge, and that I will accept responsibility for all charges and fees. I further understand that this application may be delayed in processing or denied if the information provided is incomplete or inaccurate. **This discount will apply to applicant's primary residence only.**

Owner's signature: _____ Date: _____

Required documentation for Low Income Senior Discount – Attached (all required select)

☐ Proof of Age *Must be 65 years of age or older ☐ Copies of your 2024 or 2025 Federal or NM PIT Tax Returns OR If you do not file income tax may provide 3 months bank statements

OFFICE USE ONLY

All documentation has been received and reviewed by:

Approved ☐ **Denied** ☐ **Approved** ☐ **Denied** ☐

_____ **Date** _____ _____ **Date** _____

Office Review **Manager**

Application was denied:

_____

_____

Revised 11/02/2026 J.L.