

P.O. Box 736
Estancia, New Mexico 87016
www.evswa.com



505-384-4270
505-384-3062 fax
TrashBilling.com

LOW INCOME CUSTOMER ELIGIBILITY

To qualify for the 50% discount, customers must submit an affidavit annually and also show proof of qualifying for one or more public assistance programs by way of a letter from the New Mexico Income Support Division, showing that they are eligible for benefits.

If you currently receive benefits from Income Support, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Home Energy Assistance Program (LiHEAP), General Assistance (GA) or Medicaid, we will need to see proof of your benefit eligibility.

If you are not yet registered with Income Support, you can take care of that by visiting the office in Moriarty at, 109 Tulane Avenue, open 8-4:30 Monday thru Friday, 832-5640. To apply on line, go to the New Mexico Income Support Division website:

www.yes.state.nm.us/yesnm/home/index

When you have the affidavit and proof of low income eligibility, please submit it to our office in Estancia, and speak to our customer service representatives. A Notary will be available at our office. This will be an annual qualification.

If you have questions, please call our office, 384-4270.

County of Tarrant ♦ City of Moriarty
Town of Estancia ♦ Town of Mountainair ♦ Town of Vaughn
Village of Willard ♦ Village of Encino

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Estancia Valley Solid Waste Authority

APPLICATION FOR LOW INCOME DISCOUNT

Torrance County Ordinance No. 94-12, the Solid Waste Ordinance, finds it necessary to assess a fee to pay for solid waste collection and disposal (the Solid Waste Fee). In accordance with the Ordinance, payment of the Solid Waste Fee shall be the obligation of the responsible party for each residence located in the unincorporated area of Torrance County.

The fee is set by the County Commission and established through resolution by the County Commission. Resolution 2017-051 establishes a base rate of \$19.21 plus tax per month per billable account. The resolution also allows for a 50% discount for a responsible party that qualifies for certain public assistance programs. The responsible party must use this application and demonstrate their qualification to the Estancia Valley Solid Waste Authority (EVSWA) every 12 months. Failure to apply, renew, and/or qualify for the discount will result in the account being billed at the base rate of \$19.21 plus tax per month. Discounts will not be enacted retroactively.

EVSWA will annually mail a re-verification notice to each customer in this category. If the required documentation is not provided, the account will revert to regular billing.

APPLICANT INFORMATION

EVSWA Account # _____

Name _____

Phone Number _____

Mailing Address _____

DOCUMENTATION

Documentation must be presented to EVSWA for review and approval and will not be retained by EVSWA. If application is made in person, documentation will, through the choice of the applicant, be returned to the applicant or immediately destroyed. If application is made by mail, it will be reviewed and then immediately destroyed. Documentation must show proof of eligibility of one or more of the following programs: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Home Energy Assistance Program (LiHEAP), General Assistance (GA) or Medicaid.

Documentation Provided?

(Circle Yes or No) Yes No EVSWA Reviewer Signature _____

APPLICANT STATEMENT:

I, _____, hereby declare that the above information is true and correct. I have read the low-income qualifications, and my (our) income makes me eligible for the low-income fee reduction. Should my income status change, I will notify EVSWA within two (2) weeks. I will also notify EVSWA of any change in my mailing address.

Signed: _____ Date: _____

Subscribed, sworn and acknowledged to before me this day, _____

Notary Public

My Commission Expires: _____

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Not Approved By _____
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