



GreenWaste Recovery Low-Income Application

Steps to Apply

1. You must first be enrolled in the PG&E CARE program
 - a. Call PG&E at 1-866-743-2273
 - b. Or Email CAREandFERA@pge.com
2. Apply for the Low-Income garbage rate by completing the following checklist:
 - a. Complete application below
 - b. Attach proof of enrollment in the PG&E CARE program to your application (Copy page 1 of your PG&E bill)
 - c. Submit your application through mail or email:

Mail to:

GreenWaste Recovery –South Santa Clara County
610 East Gish Rd.
San Jose, CA 95112

Or

Email to: ARDEPARTMENT@GREENWASTE.COM

Call GreenWaste Recovery at 408-938-4970 during business hours (Mon-Fri: 8AM-5PM) to go over enrollment requirements for the Low-Income garbage rate.

Enrollment Requirements

- The GreenWaste Recovery bill/account must be in your name.
- You are the head of household (not claimed as a dependent).
- You must live at the address listed on your account.
- You must subscribe to a 20, 32, or 64 gallon garbage cart.
- Service Level Per Household:
 - Households of 1-4 persons may produce a maximum of one 20-gallon garbage container, and 45 pounds of garbage per week.
 - Households of 5 or more may subscribe to one 32-gallon garbage cart may not exceed 70 pounds of garbage per week or one 64-gallon garbage cart may not exceed 150 pounds of garbage per week.
- You must notify GreenWaste Recovery if your household no longer qualifies for the Low-Income discount.
- Recertification is processed annually.

For questions, please call Accounts Receivable at 408-398-4917.

Customer Information: (please print clearly)

Customer ID # _____

Name Telephone

Site Address City Zip Code

Billing Address City Zip Code

Declaration: (please read and sign)

I state the information I have provided in this application is true and correct. I agree to inform GreenWaste Recovery if I no longer qualify to receive the Low-Income garbage rate discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

Customer Signature _____ Date _____

Office Use Only

A