



COUNTY OF LINCOLN
 TREASURER & EX-OFFICIO TAX RECEIVER
 P.O. Box 416, PIOCHE, NV 89043
 (775) 962-8000, ext. 7 e-mail to: smfrehner@lincolnnv.com

LANDFILL HARDSHIP DISCOUNT APPLICATION

(Application must be completed annually)

Waiver for Calendar Year: 20__
 Property Owner: _____
 Mailing Address: _____
 Assessor's Parcel Number: _____
 Phone Number: _____ Email: _____

List all persons residing at the above parcel number and their relationship to the account holder. If a person listed contributes to the Total Annual Gross Income, select "Yes" in the Income Earner column.

| Name | Relationship | Income Earner | |
|------|--------------|---------------------------|--------------------------|
| | | Yes <input type="radio"/> | No <input type="radio"/> |
| | | Yes <input type="radio"/> | No <input type="radio"/> |
| | | Yes <input type="radio"/> | No <input type="radio"/> |
| | | Yes <input type="radio"/> | No <input type="radio"/> |
| | | Yes <input type="radio"/> | No <input type="radio"/> |
| | | Yes <input type="radio"/> | No <input type="radio"/> |
| | | Yes <input type="radio"/> | No <input type="radio"/> |
| | | Yes <input type="radio"/> | No <input type="radio"/> |

| Source of Income | Annual Income <small>(Include income from all income Earners living at the above parcel)</small> |
|---|---|
| Earned Income (wages, rent business income) | |
| Social Security benefits (retirement, disability) | |
| Interest and Dividends (taxable and non-taxable) | |
| Pension/Retirement Income (401K, PERS, etc.) | |
| Veteran's benefits, unemployment, other sources | |
| TOTAL ANNUAL GROSS INCOME | |

Required Documentation (failure to provide will result in denial of this application):
 A complete copy of your previous year's Federal Tax return is required if your Total Annual Gross Income is more than \$14,000;
 A complete copy of your previous year's Federal Tax return is required if you have more than one source of income;
 Copies of all Benefit Statements are required if your only source of income is received from Social Security.

If the above do not apply, please provide copies of other documentation for all sources of income.

 I certify under penalty of perjury that the information supplied on this document is true and correct.

 Property Owner Signature _____
 Date

| | |
|--|---|
| Approved By: _____ Approval Date: _____ Denied By: _____ | Department use only <input type="checkbox"/> Partial Waiver |
|--|---|