



COUNTY OF LINCOLN

LINCOLN COUNTY SOLID WASTE
PO BOX 690, PIOCHE, NV 89043
(775)962-8091

LANDFILL HARDSHIP DISCOUNT APPLICATION

(Application must be completed annually)

Waiver for Calendar Year: 20__

Property Owner: _____

Mailing Address: _____

Assessors 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

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