



# 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<br>(Include income from all income Earners living at the above parcel) |
|---|--|
| 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   |  |
| <b>TOTAL ANNUAL GROSS INCOME</b>                  |  |

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.

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

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

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