

San Francisco Multi-Family Low Income Discount Application

Entire application must be completed and signed.

I certify that the owner/sponsor of t	the housing facility or facilities lis	ted below:			
 Is a private, not-for-profit organization Is organized for the purpose of providing low-income housing Receives financial assistance from the Mayor's Office of Housing Has tax-exempt status under Section 501(c)3 of the Internal Revenue Code for the purpose of providing housing 					
			I further certify that:		
			The building(s) listed below is	s (are) currently occupied by low-i	ncome residents.
				San Francisco, CA	
Service Address		Zip Code			
Organization Name					
Person Responsible for Paying the Ro	efuse Bills				
Billing address					
Account Number	Telephone				
(If more than one account, please at	tach a list of the names, locations,	and account numbers.)			
By signing below, I certify that the budiscount according to the criteria stachanges or any building receiving the notify Recology. I understand that I	ted above and agree that if the st e discount ceases to provide low-i	atus of my organization ncome housing I will			
Customer Signature	Title	Date			