

**APPLICATION FORM**  
**MALDEN PAY-AS-YOU-THROW VOUCHER**  
**PROGRAM**

All information submitted by applicants and obtained for verification will be confidential and used solely for the processing of the Malden Pay As You Throw Voucher Program.

Applicant Name:			
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
What is the best way to contact you?	Mail	Phone	Email
Do you own your residence?	Rent	Own	

Have you applied for other types of assistance? If so, please list other assistance you receive:  
(Food Stamps, TANF, Section 8 Voucher, Utility Assistance, etc.)

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Landlord Contact Information:

### Household Information

Name of Household Member	Date of Birth	Relationship to Applicant

### Income Information

Name of Household Member	Age	Amount of Income	Weekly, Biweekly, Monthly, Annual	Source of Income

\*Please use one line for each source of income. If a household member has more than one source of income, this should be indicated on two different lines.

**MALDEN PAY-AS-YOU-THROW VOUCHER PROGRAM CERTIFICATION**

I understand that this application shall not be approved if adequate information or required supporting documentation was not provided and/or misstatements or misrepresentations with respect to the qualifications were made.

Any misrepresentations found will cause the discount to be discontinued.

I hereby declare under penalty of perjury that all information submitted with this application is true and correct to the best of my knowledge. Further, I agree to provide additional information or documentation deemed appropriate or necessary to verify the information contained in the application.

Applicant Name (printed) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_