

Sanitation Supervisor  
Steve Hart  
City of Kearney  
3007 East 39th Street  
P.O. Box 1180  
Kearney, NE 68848-1180



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**YARD WASTE SUBSIDY PROGRAM  
2016 APPLICATION  
COMPLETE ALL THAT APPLY**

1. \_\_\_\_\_  
**Name**
2. \_\_\_\_\_  
**Address**
3. \_\_\_\_\_ **Account Number** \_\_\_\_\_  
**Phone Number**
4. Are you a resident of Kearney living at the property requesting assistance for the yard waste collection container?  Yes  No
5. Do you currently have a yard waste collection container?  Yes  No
6. Will your current age be **65 years** or above on December 31, 2016?  Yes  No
7. How many persons reside in your home, including yourself? \_\_\_\_\_
8. Total Household Income before taxes. \_\_\_\_\_  
(Examples of income include wages, social security, pension payments, and interest payments. A savings account balance is not considered income.)

**Number of Persons**

**1 person** in the home your income must be  
**2 persons** in the home your income must be  
**3 persons** in the home your income must be  
**4 persons** in the home your income must be

**Income Level**

**less than \$38,450** to qualify  
**less than \$43,950** to qualify  
**less than \$49,450** to qualify  
**less than \$54,900** to qualify

**If this form is not returned, you will not qualify for the free service.** Please complete and return this form to: City of Kearney, Compost Subsidy Program, PO Box 1180, Kearney, Nebraska 68848-1180. You may also drop it off with your City Utility Bill or in the drop box on the North side of City Hall.

\_\_\_\_\_  
Your Signature (required)

\_\_\_\_\_  
Date Signed (required)