

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



TELEPHONE · (308) 233-3206

E-MAIL · shart@kearneygov.org
WEBSITE · www.cityofkearney.org

Name _____

Address _____

**YARDWASTE SUBSIDY PROGRAM
2025 APPLICATION
COMPLETE ALL THAT APPLY**

_____ **Account Number** _____
Phone Number

1. Are you a resident of Kearney living at the property requesting assistance for the yardwaste collection container? Yes No
2. Do you currently have a yardwaste collection container? Yes No
3. Will your current age be **65 years** or above on December 31, 2025? Yes No
4. How many persons reside in your home, including yourself? _____
5. 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	Income Level
1 person in the home your income must be	less than \$55,550 to qualify
2 persons in the home the income must be	less than \$63,500 to qualify
3 persons in the home the income must be	less than \$71,450 to qualify
4 persons in the home the income must be	less than \$79,350 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)