

3626 - 156th Street SW • Lynnwood, WA 98087-5021 • 425-743-4605 • 425-742-4562 Fax • www.awwd.com

Low-Income Disabled Discount Application

Alderwood Water & Wastewater District Resolution No. 2607-2013 provides that certain low-income disabled citizens may qualify for reduced rates on their utility bill.

Applicant certifies:

- I am permanently disabled at the time of the application (please mark applicable disability):
 - Cannot walk 200 feet without stopping to rest
 - Severely limited in ability to walk due to arthritic, neurological, or orthopedic condition
 - Cannot walk without use of assistive device
 - Uses portable oxygen
 - Restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second, or the arterial oxygen tension is less than 60 mm/hg on room air at rest
 - Class III or IV impairment by cardiovascular disease under the standard accepted by the American Heart Association
 - Legally blind

Proof of Disability: A copy of the applicant's current Washington State Identification Card indicating the qualification for special parking privileges and the serial number of the State issued placard. If the applicant has not applied for special parking privileges in Washington State, he or she may provide a signed statement from a licensed physician, advanced registered nurse practitioner, or a licensed physician assistant stating that the applicant is permanently disabled and meets one or more of the above criteria.

- I own or rent and reside in the residence where the discounted rate(s) is being requested; and
- the residence has a separate water meter; and
- I have total annual income including that of a spouse or any co-resident(s) not exceeding \$30,000.00 per year; and
- I am the named customer on the District's utility billing, or I can prove that I am the named tenant in a lease agreement for the residence; see attached for required documentation; and
- my annual water consumption is not in excess of 100 ccf (hundred cubic feet).
 - Annual usage in excess of 100 ccf will result in the discontinuance of the discount.

Total annual income \$ _____ (Please provide a copy of your most recent income tax return)

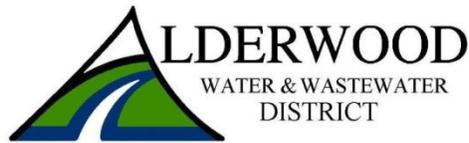
I hereby certify under penalty of perjury that the above information is true and correct, and further that no persons receiving income other than the claimant, spouse or co-resident(s) shall occupy the property to which District utility service is extended.

Signature _____ Date _____

Phone # _____ Account # _____

Name _____

Address _____



3626 - 156th Street SW • Lynnwood, WA 98087-5021 • 425-743-4605 • 425-742-4562 Fax • www.awwd.com

Information and Instructions

Website: This application/renewal form is available on the District's website at www.alderwoodwater.com

Filing: The application for a discount must be filed annually.

Discounts: Discounts will commence on the next subsequent billing date after the application has been received and approved by the Alderwood Water & Wastewater District.

Residence: The applicant must reside at the address and have the corresponding District utility account in their name. The residence must have a separate water meter.

Signature of Applicant: The application must be signed by the person who qualifies for the discount.

Co-resident(s): All persons other than the spouse residing in the residence with the applicant.

Annual income: Adjusted gross income as identified in the most recent Federal Income Tax Return, plus other cash receipts not reported on the Federal Income Tax Return. In the absence of a Federal Income Tax Return, the Director of Finance may consider other documentation of annual income.

Proof of Disability: A copy of the applicant's Washington State Identification Card indicating the qualification for special parking privileges and the serial number of the State issued placard. If the applicant has not applied for special parking privileges in Washington State, he or she may provide a signed statement from a licensed physician, advanced registered nurse practitioner, or a licensed physician assistant stating that the applicant is permanently disabled and meets one or more of the following criteria:

- Cannot walk 200 feet without stopping to rest;
- Severely limited in ability to walk due to arthritic, neurological, or orthopedic condition;
- Cannot walk without use of assistive device;
- Uses portable oxygen;
- Restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second, or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- Class III or IV impairment by cardiovascular disease under the standards accepted by the American Heart Association; or
- Legally blind.

If you have any questions or need help completing this form, please call 425-743-4605.