

3626 - 156<sup>th</sup> Street SW ◆ Lynnwood, WA 98087-5021 ◆ 425-743-4605 ◆ <u>www.awwd.com</u>

## LOW INCOME SENIOR DISCOUNT APPLICATION

Name	:
Addre	ss:
I,	certify that: (please initial applicable items)
	I am sixty-two (62) years or older.
	I am the Owner of the property where the discounted rate is being requested and I at the residence.
>>> C	)R<<<
	I rent and reside in the residence where the discounted rate is being requested and the ce has a separate water meter.
	I am providing a copy of the current lease agreement.
househ Security	I have a total annual household adjusted gross income, including all residents of the old, not exceeding \$43,501.00 per year. This includes but is not limited to: Social or other retirement income, SSI or disability payments, Tribal Per Capita, Veteran's Child or Spousal support, other income.
My adj	usted gross income is \$
	I have included a copy of my Federal Income tax return.  Or
	I am not required to file Federal Income tax, instead I have included my two most recent atements for all accounts. Statements must show your name and all deposits. <u>Only a</u> I income tax return or last two (2) bank statements will be accepted as proof of
	Lhave included proof of income for ALL residents at this property

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO	MONTHLY INCOME
		APPLICANT	ALL INCOME
	3 40 VEADO OF A OF		
	R 18 YEARS OF AGE	DEL ATIONSHIP TO	MONTHLY LINEADNED
FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	MONTHLY UNEARNED INCOME- SSI,Tribal,VA e
		AFFLICAIVI	INCOIVIL- 331, ITIDAI, VA E
Mortgage/Rent \$		EXPENSES	
	ving housing assistance? ving property tax exempti		NO NO
Utilities:			
Electric and Gas \$			
Water and Sewer\$			
Garbage \$			
Food \$			
Transportation \$			
		t the above information ant changes in income o	is true and correct. I also or occupants.
agree to notify Alderw	our trator or arry digitition		
		DATE	
NAME			

## Information and Instructions:

**Enrollment:** The application must be signed by the person who qualifies for the discount. Once you are enrolled in the Senior discount program, you will be required to renew every year. Alderwood Water and Wastewater District will send you out a renewal by April 1<sup>st</sup> each year. The discount expires every April 30<sup>th</sup>.

**Start of Discount**: The discount will commence on the next subsequent billing date after the application has been received and approved by the Alderwood Water & Wastewater District.

**Residency**: The applicant must own or rent and reside in the residence where the discounted rate is being requested. If you are renting the residence, you must include a copy of your rental agreement. The residence must have a separate water meter, which is billed by Alderwood Water and Wastewater District.

**Tenants:** Tenants will be required to provide a copy of their current rental agreement.

**Income:** The applicant's gross adjusted income, including all residents in the home does not exceed \$43,501.00 per year. *All adults living in the home must provide proof of income*, Proof of income is a Federal tax filing. If you are not required to file federal tax, you will need to provide the last two months of bank statements for all bank accounts you have. **Only a Federal income tax return or last two (2) bank statements, will be accepted as proof of income.** Children 18 and under receiving any unearned income, e.g. SSI,Tribal,VA, etc will need to provide documentation for income.

**Water usage:** Water usage will need to be 100 CCF or less per the last calendar year to qualify. Alderwood Water & Wastewater District staff will calculate your water usage.

Mail completed application and all documentation to: Alderwood Water and Wastewater District 3626 156<sup>th</sup> St SW Lynnwood WA 98087

Email: Help@awwd.com

Questions: 425-787-0220

Before submitting your application, verify your application is completed and all documentation is included. Incomplete forms will be returned to you delaying your discount.