

Low Income Disabled Discount

Name			
Address			
Account Number		Phone Number	

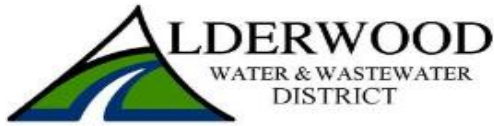
Alderwood Water & Wastewater District Resolution No. 9.15.010 provides that certain low-income disabled citizens may qualify for reduced rates on their utility bill. The current discount is 34 percent.

Applicants must meet the following qualifications and certify that:

- I have total annual income not exceeding \$30,000 annually, including that of a spouse or any co-resident(s).
Total annual income \$_____ (Please provide a copy of your most recent income tax return)
- I am permanently disabled at the time of the application and can provide proof of disability (see page 2) (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
- 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 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 page 2 for Proof of Tenancy); 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.)

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_____



Low Income Disabled Discount Additional Information

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 (District).

Residence: The applicant must reside at the address and have the corresponding District utility account in their name, or provide proof that the applicant has a lease agreement for the residence. The residence must have a separate water meter.

Proof of Tenancy: If your name does not appear on the District utility account, documented proof of tenancy is required. Types of documented proof of tenancy which will be considered by the Director of Finance: a) Copy of the current lease agreement, or b) Signed statement from the property owner, listing the property address; names of tenants/co-tenants; and effective dates of occupancy.

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

Co-resident(s): All person(s) including 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(s), the Director of Finance may consider other documentation of annual income, such as a copy of two months' bank statements from your primary account showing total monthly deposits – one current and another dated within the prior 12 months.

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 criteria on page 1.

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