



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

LOW INCOME DISABLED DISCOUNT APPLICATION

Name: _____

Address: _____

I, _____ certify that: (please initial applicable items)

_____ I am permanently disabled and have provided Proof of Disability.

_____ I am the Owner of the property where the discounted rate is being requested and I reside at the residence.

>>> OR<<<

_____ I rent and reside in the residence where the discounted rate is being requested and the residence has a separate water meter.

_____ I am providing a copy of the current lease agreement.

_____ I have a total annual household adjusted gross income, including all residents of the household, not exceeding \$42,357.00 per year. This includes but is not limited to: Social Security or other retirement income, SSI or disability payments, Tribal Per Capita, Veteran's Benefit, Child or Spousal support, other income.

My adjusted gross income is \$ _____

_____ I have included a copy of My/Our Federal Income tax return.

Or

_____ I am not required to file Federal Income tax, instead I have included my two most recent bank statements for all accounts. Statements must show your name and all deposits. **Only a Federal income tax return or last two bank statements will be accepted as proof of income.**

_____ All residents must provide proof of income.

OCCUPANTS 19 YEARS OLD AND OVER

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	MONTHLY INCOME ALL INCOME

OCCUPANTS UNDER 18 YEARS OF AGE

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	MONTHLY UNEARNED INCOME- SSI,Tribal,VA etc

MONTHLY EXPENSES

Mortgage/Rent \$ _____

Currently receiving housing assistance? _____ YES _____ NO

Currently receiving property tax exemption _____ YES _____ NO

Utilities:

Electric and Gas \$ _____

Water and Sewer\$ _____

Garbage \$ _____

Food \$ _____

Transportation \$ _____

I hereby certify that under penalty of perjury that the above information is true and correct. I also agree to notify Alderwood Water & Wastewater District of any significant changes in income or occupants.

NAME _____

DATE _____

SIGNATURE _____

PHONE # _____

ACCT # _____

INFORMATION AND INSTRUCTIONS:

Enrollment: The application must be signed by the person who qualifies for the discount. Once you are enrolled in the Disabled discount program, you will be required to renew every year. Alderwood Water and Wastewater District will send you out a renewal by August 1st each year. The discount expires every August 31st.

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 \$42,357.00 per year. All adults living in the home must provide proof of income, Proof of income is 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 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.

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, they may provide a signed statement from a licensed medical professional stating that the applicant is permanently disabled. **Alderwood Water & Wastewater District will provide a Licensed Medical Professional Statement of Disability form upon request.** This form may be used for up to two years from signature of a qualified medical professional.

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 156th 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.