ALDERWOOD
WATER & WASTEWATER
DISTRICT

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

LOW INCOME DISABLED DISCOUNT APPLICATION

Name: _____

Address: _____

Account #_____

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 adult residents of the household, not exceeding $44,850.00 per year. This includes but is not limited to: Social Security, retirement pensions or other retirement income, SSI or disability payments, Tribal Per Capita, Veteran's Benefit, Child or Spousal support, other means of 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 bank accounts. Statements must show your name, all deposits and transactions supporting mortgage/rent and utilities paid. ***Only a Federal income tax return or the last two bank statements from all accounts will be accepted as proof of income.*** SSI Benefit letter does not qualify as proof of income.

_____ I have included proof of income from All residents at this property.

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 # _____

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 mail a new application to you for the discount renewal by August1st each year. Failure to receive or remit the renewal application will mean loss of the Disabled discount. 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 current/unexpired 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. If you rent month-to-month, the rental agreement must state this.

Income: The applicant's gross adjusted income, including all residents in the home, does not exceed $44,850.00 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 taxes, you will need to provide the last two months of bank statements for all bank accounts. Statements must show your name, all deposits and transactions supporting mortgage/rent and utilities paid. ***Only a Federal income tax return or the last two bank statements from all accounts will be accepted as proof of income.*** SSI Benefit letters do not qualify as proof of income.
Children 18 and under and 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.