



APPLICATION FOR LOW INCOME SENIOR/DISABLED RATES

Date:	Service Address:
Name:	Account Number:
Telephone Number:	Number of Persons Residing at Residence:

I hereby make claim and attest to the following:

1. I am 61 years of age or older; or I qualify and receive disabled benefits from one or more of the following: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Veteran Disability Compensation (VDC), Non-Grant Medical Assistance (NGMA), permanent disability insurance benefits, state permanent disability benefits or I qualify for other institutional or governmental programs that provide a determination of a disability that is permanent in nature. *Applicants can provide supporting documents, such as a pending application for the above mentioned permanent disability benefits.*
2. I am the owner and full time resident of the above described residence; or I am the tenant that directly or indirectly pays for the water and sewer bill.
3. The total gross annual household income does not exceed \$40,000 per year. If other adults are living in the residence, you must provide verification of their income.
4. I agree to notify the District should I move from the residence; or if my gross annual income exceeds the amount above.
5. I further agree to pay the District the difference between low income senior/disabled rates and the regular rate, should it be determined that I am not qualified for low income senior/disabled rates.
6. I further agree to provide the District with financial information to support my applications and agree to provide future income or residency information if requested by the District to verify my eligibility.
7. I acknowledge that information provided by me in support of my application is a public record and subject to public disclosure. I agree to waive any claim of confidentiality in any information provided and I agree to release Silver Lake Water and Sewer District, and its employees, agents, officers and Commissioners from any liability or claims which might arise from the disclosure of such information to any other party or entity.

Required Supporting Information	
Senior/Disabled Status (One Required)	
<input type="checkbox"/>	Senior Citizen - Copy of Driver's License
<input type="checkbox"/>	Disabled - Copy of Disability Payment Statement
Income (One Required)	
<input type="checkbox"/>	Most Recent Federal Income Tax Returns
<input type="checkbox"/>	Low Income/Disabled Property Tax Exemption
<input type="checkbox"/>	IRS Statement
Additional Information for Tenants (Both Required)	
<input type="checkbox"/>	Copy of Lease
<input type="checkbox"/>	Authorization to receive a copy of the bill

I certify, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

_____	_____
Applicant Signature	Date
_____	_____
Spouse or Co-Tenant Signature	Date

Internal Use Only	
Date Received:	_____
Income Verified By:	_____
Date Billing Changed:	_____
Billing Changed By:	_____