



Mukilteo Water and Wastewater District

Low-Income Senior Citizen/Low-Income Disabled Citizen Reduced Rate Program Application

Name: _____

Service Address: _____

Account Number: _____ Phone Number: _____

Mukilteo Water & Wastewater District Resolution No. 545-21 provides that certain low-income senior and low-income disabled citizens may qualify for reduced rates on their utility bill. The current discount is 25% of the water and sewer portion of their bill.

Applicants must meet the following qualifications and certify that:

- 1) I am over the age of 61. (Please provide a copy of your government-issued ID, such as a driver's license or identification card.); *AND*
- 2) I have a total annual gross income not exceeding \$55,743 annually, including that of a spouse or any co-resident(s). (Please provide a copy of your most recent income tax return.); *AND*
- 3) I already receive the property tax deferral/exemption for this property through Snohomish County.; *AND*
- 4) I own and reside in the single-family residence noted above.

OR

- 1) I am permanently disabled at the time of this application, and can provide proof of disability, in the form of a payment statement for SSI or SSDI.; *AND*
- 2) I have a total annual gross income not exceeding \$55,743 annually, including that of a spouse or any co-occupant(s). (Please provide a copy of your most recent income tax return.); *AND*
- 3) I already receive the property tax deferral/exemption for this property through Snohomish County.; *AND*
- 4) I own and reside in the single-family residence noted above.

I agree to notify the District should I move from this property, or if my gross annual income exceeds the amount above.

I further agree to provide the District with financial information to support my application, and agree to provide future income information if requested by the District to verify my eligibility.

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 Mukilteo Water & Wastewater 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.

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/Co-occupant Signature

Date

Required Supporting Information

Senior/Disabled Status (One Required)

Senior Citizen	Copy of Driver's License or Government ID	
Disabled	Copy of IRS Statement or Disability Payment Statement	

Income

Most Recent Federal Income Tax Return	
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Please return the completed application and supporting documents to:

**MWWD
7824 Mukilteo Speedway
Mukilteo, WA 98275**

INTERNAL USE ONLY

Age/Disability Verified:	
Income Verified:	
County Exemption Verified:	
Approved By:	
Sensitive Documents Shredded By:	
Date Billing Changed:	
Billing Changed By:	
Application Scanned to Account:	