



HIGHLINE WATER DISTRICT Water Rate Reduction

Return Address: PO Box 3867 Kent, WA 98089-0367

Date: _____

Account #: _____

Applicant's Name: _____

Address of qualifying property: _____

Applicant's Home Telephone Number: _____

Alternate Telephone Number: _____

I reside at and am responsible for payment of the water bill at the above address, which is a single family residence with a meter size of less than **one inch**. In addition, I am eligible for a \$3.00 per month reduction in my water bill for the following reason(s):

- I am single, 61 years of age or older and have an income from all sources of less than \$30,000 per year.
- I am married, 61 years of age or older and have a combined household income of less than \$30,000 per year.
- I am single, 18 years of age or older and permanently disabled, handicapped or incapacitated, and have a combined household income of less than \$30,000 per year.
- I am married, 18 years of age or older and permanently disabled, handicapped or incapacitated, and have a combined household income of less than \$30,000 per year.

(Applicant: attach a copy of the most recent income tax return or Social Security Benefits Statement)

Additional Provisions:

I further promise to promptly notify Highline Water District, in writing, of any change that would disqualify me from receiving a rate reduction. I promise to repay Highline Water District for any undercharges made for water service if it is determined that I was not qualified to receive such rate reduction pursuant to all applicable State laws and District resolutions. Annually, I will provide Highline Water District information about my income and/or residence as may be requested.

Applicant's Signature: _____

Applicant's legal representative: _____

FOR OFFICE USE ONLY:			
Approved:	<input type="checkbox"/>	Account No.:	
Disapproved:	<input type="checkbox"/>	By:	