



# HIGHLINE WATER DISTRICT Water Rate Reduction

**Date:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Address of qualifying property:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Home Telephone Number:** \_\_\_\_\_

**Applicant's Work 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 \$4.00 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:	