Senior/Disabled Low Income Water Rate Reduction Application

Highline Water District
23828 30th Ave S, Kent, WA 98032
TEL: 206-824-0375 / FAX: 206-824-0806
EMAIL: customerservice@highlinewater.org
WEBSITE: www.highlinewater.org

Date: ______________________________________
Account #: ________________________________

Applicant’s Name: ___________________________
Address of Qualifying Property: ______________________________
Applicant’s Home 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. I am eligible for a 35% per month reduction on the base rate portion of my water bill for the following reason:

☐ I am the **owner** of and reside at the above property. I am currently receiving a low income Senior Citizen or Disabled persons **property tax reduction** from King County for this property. You must be currently receiving a property tax reduction to be eligible for the water rate reduction.*

☐ I am a **tenant** at the above property. I am being billed directly from the District. I am at least 61 years of age or am permanently disabled with a combined **household** income of less than $40,000 per year. **Proof of age and income must be supplied with application.**

*If you are an owner and you are not receiving a property tax reduction for this property, you may want to contact the King County Property Tax office at 206-296-3920.

**Tenants must supply a copy of the most recent income tax return, VA award letter, or Social Security Benefit statement. Combined household income must be less than $40,000 per year. Income statements must be supplied for all names on the account.

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, I will provide Highline Water District information about my income and/or residence as may be requested.

Applicant’s Signature: ___________________________
Applicant’s Legal Representative: ______________________________

<table>
<thead>
<tr>
<th>FOR OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved: ☐</td>
</tr>
<tr>
<td>Disapproved: ☐</td>
</tr>
</tbody>
</table>

WATER_RATE_REDUCTION REQUEST-236.DOCX
REF #: 236  REVIS: 01/01/17