



Senior Citizens/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: cs@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 one inch or less. I am eligible for a 50% 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 \$84,000 per year (2023). **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 \$84,000 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: _____

OR

Applicant's Legal Representative: _____

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