



| FOR OFFICE USE ONLY  |  |
|--|--|
| <input type="checkbox"/> 1st Time Application <input type="checkbox"/> Renewal Application |  |
| Bi-monthly Amount  |  |
| Total Annual Income  |  |
| 4506-T on file/year  |  |
| Billing Cycle  |  |
| Reviewers Initials   |  |
| Date Account Updated   |  |

**Low Income Senior Citizen Discount Application  
July 1, 2017, through June 30, 2018**

*Please fill out the application completely:*

- Customer Account Number : \_\_\_\_\_
- Customer Name : \_\_\_\_\_
- Customer Address : \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_
- Customer Phone # : \_\_\_\_\_
- Date of Birth : \_\_\_\_\_

***Please submit the following documents for review:***

1. Valid Picture ID: Driver's License / Other -- ***First time applicants only***
2. **2016** Annual Social Security Statement or Retirement Statement     Yes     Not Applicable
3. **2016** Tax Return     Yes     Not Applicable
  - ***If you are no longer required to file a tax return, or are a first time applicant and do not file a tax return, please complete the IRS Form (4506-T) & submit it with your application***
4. Letter of Non-Filing submitted     Yes     Not Applicable     Previously Submitted

***Questions:***

1. Are you the legal owner and full-time resident at the above address?     Yes     No
2. Do you own any additional properties used for rental or investment?     Yes     No
3. Is the account balance current?     Yes     No

\*\*\*\*\*  
I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date