

FOR OFFICE USE ONLY		
Reviewers Initials		
Billing Cycle		
Total Annual Income		
Bi-Monthly Amount		
Date Account Updated		

Low-Income Senior Citizen Discount Application August 1, 2024, through July 31, 2025

	August 1, 2024, through July 31, 2025	
alif	cation Questions:	
1.	Are you age 62 or older?	Yes No
2.	Are you the legal owner of the residence and do you reside there year-round?	Yes No
3.	Is the residence the only property you own, e.g., do not own investment property?	Yes No
4.	Is your combined annual household income for all residents at or below \$40,880?	Yes No
5.	Is the account balance current?	Yes No
ou (answered "Yes" to all of the above questions, please fill out the application complete	ely:
•	Account Number (e.g., 012345-000):	
•	Customer Name:	
•	Service Address:	
•	Mailing Address (if different from above):	
•	Customer Phone #:	
	In addition to the information above, please submit legible <u>copies</u> of the following in <u>NOT</u> send original documents – copies only, please.	required documents.
1.	Valid Picture ID with date of birth or other documentation verifying age – First-time	applicants only
2.	2023 Annual Social Security Statement	Yes N/A
3.	2023 Additional income or alternative retirement statements (e.g., pensions, IRAs)	Yes N/A
4.	2023 Federal Tax Return (Signed), if required to file	Yes N/A
5.	If you answered "N/A" to item #4 and are no longer required to file a tax return, pleafor October, November, and December of 2023 to verify income.	se submit bank statemen
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	ertify under penalty of perjury, under the laws of the State of Washington, that the for d the documents submitted represent the total annual income for the entire househol	· · · · · · · · · · · · · · · ·
Pro	pperty Owner Signature	Date