



## Application for Reduced Sewer Rate

The Lake Stevens Sewer District offers reduced sewer service rates to qualified low-income senior and disabled homeowners for sewer service provided by the District. Applications are effective for 12-months commencing the first month the reduced rate becomes effective.

APPLICANT INFORMATION	
Name:	Account Number:
Service Address:	
City, State, Zip:	
Email:	Phone:

ELIGIBILITY REQUIREMENT
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To qualify for the Lake Stevens Sewer District low-income senior and disabled homeowners reduced sewer service rate the applicant must meet numbers 1 through 4 of the following criteria and supply the proper documentation:

1.	<input type="checkbox"/> Age -OR-	62 years of age or older. Provide birth certificate, driver's license, WA State ID card, or social security statement
	<input type="checkbox"/> Disability	Disabled citizen means, qualifies for special parking privileges, or a blind person, or qualifies for SSI benefits due to a disability. Provide current copies of SSI.
2.	<input type="checkbox"/> Residence	Must be the primary residence. Provide copy of driver's license, WA State ID card, or county record showing ownership
3.	<input type="checkbox"/> Income	Prior year's income tax form 1040 or all income related documents, if you did not file form 1040 provide proof of income, such as: social security statement, bank statement reflecting SS direct deposits, and any other income. List additional household residents over 18 years of age, provide proof of income for individuals: 1. _____ 2. _____ 3. _____ 4. _____
4.	<input type="checkbox"/> Head of Household	By checking this box, I certify that I am the head of household for the above-mentioned utility account.

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INCOME STANDARD	
Annual combined disposable income: Single applicant maximum allowable income from all sources cannot exceed \$40,000. An applicant with a household of two or more members over 18 years old cannot exceed \$49,000.	

AFFIDAVIT
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I affirm and promise that, in the event, that I qualify to receive the reduced utility rate that I will promptly notify the Lake Stevens Sewer District in writing of the following: 1) if I move from the above address; and 2) of any change in my financial condition that disqualifies me from receiving a special utility rate.

If it is determined that I am not qualified to receive a utility rate reduction, I promise to promptly repay the Lake Stevens Sewer District any utility rate undercharge made to me prior to that determination.

I agree to provide the Lake Stevens Sewer District additional information about my income and/or residence, as may be requested from time to time.

I also confirm that I have provided documentation to verify my eligibility and household income from all sources and I declare under penalty of perjury that the information on this application is true and complete.

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*Printed Name* *Signature* *Date*

For Internal Use Only	Account Number:		Date Received:	
	Eligibility Verified:		Income Verified:	
	Approved:		Expiration:	
	Account Updated:		List Updated:	