



King County Water District No.90
15606 SE 128th Street
Renton, WA 98059
Ph: 425-255-9600, Fax: 425-277-4128

APPLICATION AND AFFIDAVIT FOR REDUCTION IN WATER RATES

As authorized by RCW 74.38.070, RCW 57.08.014, I hereby make claim for reduction in water rates, reduced monthly base rate, for the following address:

NAME: _____ POLICY YEAR: _____

STREET ADDRESS: _____

CITY: _____ STATE & ZIP: _____

PHONE: _____ ACCOUNT #: _____

In support of my application, I do attest and certify that following statements are true:

1. I am 55 years of age or older or (if married) my spouse is 55 years of age or older.

OR, I am _____ years of age and totally and permanently disabled and I attach herewith a copy of the Permanent Disability Award Letter from Social Security.
2. For water at this service address: I am the owner or renter and permanent resident of the above-described residence. I further attest that I pay for the water billing directly.
3. My gross annual income from all sources is less than \$22,000 per year is single, or if married, combined income is less then \$27,000 per year. WRITTEN DOCUMENTATION OF INCOME MUST BE PROVIDED.
4. I promise that I will promptly notify KCWD90 in writing should I move from the above-described residence or in the event of any change in my financial condition that would disqualify me from receiving this reduced water rate.
5. I further promise to pay KCWD90 for any undercharges that have been made if it is determined that I am not qualified to receive the reduced water rate.
6. I further agree to provide KCWD90 with such additional information about my income and residence as may be requested from time to time to establish or confirm eligibility.
7. I further agree that the information provided to the District is a public record and is subject to public disclosure.

AFFIDAVIT

I affirm and declare that all of the above statements are true and correct.

State of Washington
County of King

Signature of Resident

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____

Signature of Notary Public

Name as Commissioned: _____

My Appointment Expires: _____