

**KING COUNTY WATER DISTRICT NO. 90
KING COUNTY, WASHINGTON**

RESOLUTION NO. 1091

A RESOLUTION of the Board of Commissioners of King County Water District No. 90, King County, Washington, relating to adjusting qualifications for the District's Senior Citizen Low-Income and Permanently Disabled Persons Rate Policy.

WHEREAS, the District strives at all times to provide safe, sufficient, and affordable water to all customers; and

WHEREAS; the District previously adopted a Policy allowing adjustment of rates or charges for low-income or permanently disable persons as authorized by RCW 57.08.014;

WHEREAS; due to increases in the median income and calculation of the poverty line, an adjustment to the Policy is appropriate;


NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of King County Water District No. 90, King County, Washington, as follows:

SECTION 1: That the District hereby adjusts the income threshold for senior citizens or permanently disabled persons to qualify for the District's program as follows:

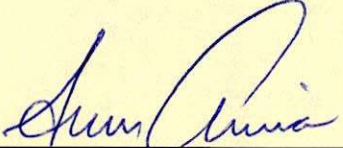
- a. Single person: Annual income of \$35,000.00 or less;
- b. Family (two or more persons): Annual income of \$45,000.00 or less.

SECTION 2: All other provisions of the District's Policy remain in effect.

ADOPTED by the Board of Commissioners of King County Water District No. 90, King County, Washington, at a regular open public meeting thereof on the 1st day of December 2020.


Byron Murgatroyd, President


Pete Eberle, Vice-President

 12/15/2020

Sam Amira, Secretary

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SUBJECT: Adjusting Senior Citizen Low Income and
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King County Water District No. 90
15606 SE 128th Street
Renton, WA 98059
Ph: 425-255-9600, Fax: 425-277-4128

2021 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 attest and certify that the 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 or equal to \$35,000 per year if single, or if married, a combined income is less than or equal to \$45,000 per year. WRITTEN DOCUMENTATION OF INCOME MUST BE PROVIDED WITH APPLICATION.
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 to "re-certify" my income levels and program eligibility, each year, by returning the "Annual Renewal Form" to the District office.
8. 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: _____