



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

## 2025 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 \$40,000 per year if single, or if married, a combined income is less than or equal to \$50,000 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: \_\_\_\_\_