

# ESWD

## 2011 Application for Low Income Monthly Sewer Service Rates

1.  **Original Application**       **Renewal Application**

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Joint Owners \_\_\_\_\_

2. **Physical Address of Property:** \_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No.** (\_\_\_\_) \_\_\_\_\_

3. **Certification of Qualification for Low-Income Sewer Rates**

Applicants must be the owners and occupy property in the District and meet the low-income qualifications for 80% of San Juan County Median Income.

Please provide copies of the following:

1. Proof of Property Ownership; (one of the following)
  - Property Tax Statement or Assessment Card
  - Deed
  - Mortgage Company receipt for payment of property taxes      *District Verified:* \_\_\_\_\_
2. Proof of Low-Income Qualification;
  - Copy of 1040 Tax Return or other proof of income for all persons with income who live in the household. (*first two pages only*)
  - Completed Income Worksheet      *District Verified:* \_\_\_\_\_
3. Certification of Low-Income Qualification;
  - Signed and notarized certification form      *District Verified:* \_\_\_\_\_

***Place a checkmark in the box of the appropriate Household Size listed in the table below:***

Household Size	Maximum Combined Household Income	Household Size	Maximum Combined Household Income
<input type="checkbox"/> One Person	\$38,050	<input type="checkbox"/> Five Person	\$58,650
<input type="checkbox"/> Two Person	\$43,450	<input type="checkbox"/> Six Person	\$63,000
<input type="checkbox"/> Three Person	\$48,900	<input type="checkbox"/> Seven Person	\$67,350
<input type="checkbox"/> Four Person	\$54,300	<input type="checkbox"/> Eight Person	\$71,700

**4.**

I/We, the Undersigned hereby apply for the Eastsound Sewer and Water District Low Income Monthly Sewer Service Rate as provided in RCW 57.08.014 and the District's Resolution 2472-09 and any amendments and modifications thereto, and by signing below I/we do certify under penalty of perjury that to the best of my/our knowledge all statements on this and the attached forms are true and correct and that I/we understand the terms and conditions of the Deferral Program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**District Use Only**

Approval Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Manager

Expiration Date: \_\_\_\_\_

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Application Denied Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**2010**

**INCOME WORKSHEET**

**Date:** \_\_\_\_\_

**Name of Applicant(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please Complete the Following:*

<b>2010 INCOME SOURCE</b>	<b><u>Applicant</u></b>	<b><u>Spouse or Joint Owner</u></b>	<b><u>Other Household Members</u></b>	<b><u>TOTAL INCOME</u></b>
<b><u>Gross Wages From;</u> Federal 1040 Income Tax</b>				
<b><u>And / Or Any of the Following;</u></b>				
<b>Social Security (incl. Medicare)</b>				
<b>Supplemental Security (SSI)</b>				
<b>Social Security Disability (SSDI)</b>				
<b>Public Assistance</b>				
<b>Business Income (Net)</b>				
<b>Interest / Dividends</b>				
<b>IRA Withdrawals</b>				
<b>L &amp; I Disability</b>				
<b>Veterans Payments</b>				
<b>Pension Benefits</b>				
<b>Other</b>				
<b><u>TOTAL INCOME</u></b>				

**CERTIFICATION OF QUALIFICATION**  
**As**  
**Low-Income property owner residing in the District**

I, \_\_\_\_\_, residing at  
 \_\_\_\_\_, under oath do hereby certify

That I:

- Have disclosed the total income and number of household members living in the residence listed
- Am the owner of, and live at property located in the District
- Meet the qualification standards of Eastsound Sewer and Water District for low-income persons in San Juan County, WA

Signature \_\_\_\_\_

**STATE OF WASHINGTON)**  
 ) ss.  
**SAN JUAN COUNTY )**

I certify that I know or have satisfactory evidence that (name) \_\_\_\_\_, is the person who appeared before me, and said person acknowledged that they signed this instrument, and declare this to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

NOTARY SEAL

\_\_\_\_\_  
 NOTARY PUBLIC in and for the State of  
 Washington, residing at  
 My Appointment Expires \_\_\_\_\_