



2019 Application for Low Income Monthly Sewer Service Rates

1. Original Application Renewal Application

Name(s): _____
_____ Account Number _____

Single _____ Married _____ Joint Owners _____

2. Physical Address of Property: _____

Mailing Address: _____

Telephone No. (____) _____

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	\$39,450	<input type="checkbox"/> Five Person	\$60,850
<input type="checkbox"/> Two Person	\$45,050	<input type="checkbox"/> Six Person	\$65,350
<input type="checkbox"/> Three Person	\$50,700	<input type="checkbox"/> Seven Person	\$69,850
<input type="checkbox"/> Four Person	\$56,300	<input type="checkbox"/> Eight Person	\$74,350

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** _____

District Use Only

Approval Date: _____ **Signature:** _____
Office Manager

Expiration Date: _____

Application Denied Date: _____ **Reason:** _____

2019

INCOME WORKSHEET

Date: _____

Name of Applicant(s): _____

Address: _____

Please Complete the Following:

2018 INCOME SOURCE	<u>Applicant</u>	<u>Spouse or Joint Owner</u>	<u>Other Household Members</u>	<u>TOTAL INCOME</u>
<u>Gross Wages From;</u> Federal 1040 Income Tax				
<u>And / Or Any of the Following;</u>				
Social Security (incl. Medicare)				
Supplemental Security (SSI)				
Social Security Disability (SSDI)				
Public Assistance				
Business Income (Net)				
Interest / Dividends				
IRA Withdrawals				
L & I Disability				
Veterans Payments				
Pension Benefits				
Other				
<u>TOTAL INCOME</u>				

