



2023 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. (____) _____

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:

Table with 4 columns: Household Size, Maximum Combined Household Income, Household Size, Maximum Combined Household Income. Rows include One Person, Two Person, Three Person, Four Person, Five Person, Six Person, Seven Person, Eight Person.

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: _____

Business Manager

Expiration Date: _____

Application Denied Date: _____ Reason: _____

2023

INCOME WORKSHEET

Date: _____

Name of Applicant(s): _____

Address: _____

Please Complete the Following:

| 2022 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> | | | | |

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 _____