

ESWD

2024 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) **FOR NEW APPLICATIONS ONLY**
 - Property Tax Statement or Assessment Card
 - Deed
 - Mortgage Company receipt for payment of property taxes *District Verified: _____*
2. Proof of Low-Income Qualification; **ALL APPLICANTS**
Copy of 1040 Tax Return (*first two pages only*)
 - or other proof of income for all persons with income who live in the household.
 - Completed Income Worksheet *District Verified: _____*
3. Certification of Low-Income Qualification; **ALL APPLICANTS**
 - 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	\$51,700	<input type="checkbox"/> Five Person	\$79,800
<input type="checkbox"/> Two Person	\$59,100	<input type="checkbox"/> Six Person	\$85,700
<input type="checkbox"/> Three Person	\$66,500	<input type="checkbox"/> Seven Person	\$91,600
<input type="checkbox"/> Four Person	\$73,850	<input type="checkbox"/> Eight Person	\$97,500

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:** _____

2024

INCOME WORKSHEET

Date: _____

Name of Applicant(s): _____

Please Complete the Following:

2023 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>				
<u>*Only if the income does not appear On the Federal Tax form</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 _____