

ESWD

2025 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 certification form, page 2 *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	\$56,850	<input type="checkbox"/> Five Person	\$87,700
<input type="checkbox"/> Two Person	\$65,000	<input type="checkbox"/> Six Person	\$94,200
<input type="checkbox"/> Three Person	\$73,100	<input type="checkbox"/> Seven Person	\$100,700
<input type="checkbox"/> Four Person	\$81,200	<input type="checkbox"/> Eight Person	\$107,200

4.

CERTIFICATION

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 declare under penalty of perjury that the information in this application is true and complete.
- I/We Have provided all documentation to verify household income and will provide additional documentation if requested by the District.
- I/We am/are the owner of, and live at property located in the District

Applicant’s Signature _____

Date _____

Co-Applicant’s Signature _____

Date _____

District Use Only

Approval Date: _____

Signature: _____
Business Manager

Expiration Date: _____

Application Denied Date: _____

Reason: _____

2025

INCOME WORKSHEET

Account No.: _____

Please Complete the Following:

2024 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>				
*Only if the income does not appear On the Federal Tax form				
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>				