

# ESWD

## 2026 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 *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	\$62,100	<input type="checkbox"/> Five Person	\$95,750
<input type="checkbox"/> Two Person	\$70,950	<input type="checkbox"/> Six Person	\$102,850
<input type="checkbox"/> Three Person	\$79,800	<input type="checkbox"/> Seven Person	\$109,950
<input type="checkbox"/> Four Person	\$88,650	<input type="checkbox"/> Eight Person	\$117,050

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: \_\_\_\_\_

2026

**INCOME WORKSHEET**

Account No.: \_\_\_\_\_

Please Complete the Following:

<b>2025 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><u>*Only if the income does not appear On the Federal Tax form</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>				