



Water District 20

12606 1st Ave S. Burien, WA 98168

2025 Utility Discount Program and Application

Utility Discount Program (UDP):

King County Water District No. 20 is committed to supporting our community. We're excited to announce updates to our Utility Discount Program, which provides a 30% discount on the base rate portion of water bills for qualifying seniors and individuals with disabilities.

Are you struggling to pay your Water District 20 Bill?

Please use this application to check eligibility and apply below

Apply Online: kcwd20.com/Links

To qualify, you must meet the following criteria:

- ✓ Senior Citizen: 62+
- ✓ Disabled:
- ✓ Meet income guidelines listed below
- ✓ Named Account Holder or listed as an interested party.
- ✓ Not already enrolled in the UDP at another location or account

The Utility Discount Program determines eligibility based on gross household income.

To qualify, your total household income, which includes the combined income of all household members aged 18 or older (whether related or not), must not exceed 70% of the current State Median Income. Eligibility is determined by the size of your household, including children.

To check if you qualify, refer to the program's income table, locate the row corresponding to your household size, and ensure your income is less than or equal to the amount listed in that row

Number of people in household (including children)	Maximum Gross Household Income Allowed	
	Utility Discount Program	
	Monthly	Yearly
1	\$3,689	\$44,268
2	\$4,825	\$57,900
3	\$5,960	\$71,520
4	\$7,095	\$85,140
5	\$8,230	\$98,760
6	\$9,366	\$112,392
Each Additional	+\$213	+\$2556

Apply online: www.kcwd20.com

For assistance completing this application or other questions, call (206) 243-3990

GATHERING YOUR APPLICATION DOCUMENTS

The Utility Discount Program eligibility guidelines are based on *household income*: the combined incomes of all adults (18 years of age and older) living in the home, including unrelated adults. The following guidance will help you gather a complete application package.

Photo Identification

For each adult household member, provide a copy of one of the accepted forms of identification (State driver's license OR State identification card OR Passport or Permanent Resident Card). For driver's licenses and state identification cards, we only need a copy of the front of the card. Identification must be valid at the time of application submittal.

Income Documents

For households where the primary account holder receives Supplemental Nutrition Assistance Program (SNAP) benefits, we only require the primary account holder's SNAP benefits identification number. No other income documentation is required.

For households where the primary account holder is *not* a SNAP recipient, we require income documentation from each adult household member. Different types of income require different income documents. Use the table below to see which documents we require for each income type.

INCOME TYPES AND RELATED DOCUMENTATION

If anyone in the household has any of the types of income listed below, please provide the associated documentation.

WAGES	All pay stubs received between the first and last day of the most recent full month.
UNEMPLOYMENT	The household member's Employment Security Department (ESD) Form . An electronic copy of the ESD form can be downloaded by logging into Secure Access Washington: https://secure.esd.wa.gov/home
CHILD SUPPORT	A court-ordered document , or a note from the parent paying child support .
ADOPTION SUPPORT	An Adoption Award Letter .
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES / AGED, BLIND OR DISABLED ASSISTANCE (TANF/ABD-)	A Washington Department of Social and Health Services (DSHS) Approval Letter for Benefits . Must include both the Cover Page and the Calculation Page. Find an example of these documents on the Washington DSHS website.
PENSION/ANNUITY	All pension/annuity paystubs or statements received between the first and last day of the most recent full month.
REFUGEE CASH ASSISTANCE (RCA)	The household member's Refugee Cash Assistance Award Letter . You can find an electronic version of the RCA award letter by logging into the Washington Connection website.
VETERAN'S BENEFITS (VA)	The household member's Veterans Affairs Benefits Letter . You can find an electronic version of the VA Benefits Letter on the Dept. of Veteran's Affairs website.
RENTAL INCOME	Lease or Rental Agreement(s) held by the household member. This includes any rental or investment property income received by the household member.
HOUSING AND ESSENTIAL NEEDS REFERRAL (HEN)	A Washington Department of Social and Health Services (DSHS) Approval Letter for Benefits . Must include both the Cover Page and the Calculation Page. Find an example of these documents on the Washington State DSHS website.
SOCIAL SECURITY / SSI	The household member's Social Security, SSI and/or Survivor Benefits Award Letter . An electronic copy can be downloaded by visiting the Social Security Administration website.



Water District 20

12606 1st Ave S. Burien, WA 98168

2025 Application Form

Submit your application and documents by:

Mail: Water District 20 Assistance Program
12606 1st Ave S, Burien, WA 98168

Fax: (206) 244-7514 **or**

Email: kcwd20@kcwd20.com

PRIMARY ACCOUNT HOLDER INFORMATION

The Primary Account Holder for your household is the person whose name is listed on your Water District No. 20 bill.

Name

Last _____ First _____ Middle _____

Service Address

Street _____ Unit/Apartment # _____

City _____ ZIP Code _____

Mailing Address

My Mailing Address is the same as my Service Address

My Mailing Address is different from my Service Address:

Street _____ Unit/Apartment # _____

City _____ ZIP Code _____

Primary Phone: (____) _____ - _____ **Phone type:** Mobile Home Work/Office

Email address: _____ @ _____

Preferred way to be contacted: Email Mail Phone

What is your primary language? _____

Water District 20 Account #: _____

Water District 20 Account #: _____

HOUSING INFORMATION

Housing Status: I own my home I rent: Market-Rate Housing I rent: Subsidized Housing

Housing Type: Single Family Home Duplex, Triplex or Fourplex Unit

Apartment Building Condo Mobile Home Studio/Flat

How do you heat your home? Electric Gas Oil Wood Propane Portable Other _____

HOUSEHOLD MEMBER INFORMATION

Household members include everyone living in the home, regardless of age, whether or not they pay rent, and their relationship to applicant. Examples: roommates, relatives, tenants, children, friends, extended family members, etc.

Name (Last, First)	Date of Birth (MM/DD/YYYY)	Gender (Female, Male, Non-binary, Other)	Relationship to You
			Myself

Total number in household: _____ If more than 5, list other household members on a separate page.

Total GROSS monthly household income (all adults in household, before taxes and deductions): \$ _____

Government-issued Identification for all persons 18 years and older. Please provide a copy of one of the items below for each adult: State driver's license OR State identification card OR Passport or Permanent Resident Card.

If the Primary Account Holder receives SNAP benefits, please provide their Food Assistance SNAP benefits client ID below. No other income verification is required.

SNAP Benefits Client ID: _____

If the primary account holder is not on SNAP, please provide income documentation for ALL persons 18 years old and older living in your home. Please provide verification of GROSS income received in the for the full previous calendar month (For example: If applying July 15, provide income documentation for the month of June). If your household includes more than 5 adults, include income information on a separate page.

Name (Last, First)	Gross Monthly Income	Income Sources (see Income Types and Related Documentation table, page 2 of this form)
	\$	
	\$	
	\$	
	\$	
	\$	

PROGRAM TERMS AND CONDITIONS

Customer data may be shared with third-party contractors to conduct essential utility business, such as printing and mailing bills and providing inserts on programs that increase your access to free or discounted services and products.

USER AGREEMENT

I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to request information from the Seattle Housing Authority, Sec. 8, King County Housing Authority, other government agencies or their delegated agents; this may result in receipt or denial of benefits. Submitting this application does not guarantee eligibility or enrollment in any programs. I certify that the information I provided is accurate and complete and that I may be subject to criminal prosecution if I have knowingly given false or misleading information. I agree to provide updated proof of eligibility at any time, if requested. I understand that if I am found to be in violation of program rules and receive assistance and that have not truly disclosed all information, I will be removed from the program and Water District 20 may recover the actual cost(s) for the periods I was not eligible. I will notify the Water District if my income or living situation changes.

SIGNATURE _____ **DATE:** _____