

**APPLICATION AND DECLARATION
FOR REDUCTION OF FIXED CHARGE RATE
FOR LOW-INCOME DISABLED RESIDENTS**

As authorized by King County Water District 20 Resolution No. 708, I hereby make claim for reduction in the Fixed Charge rate for the following account:

Account # _____ Name _____

Service Address _____ Phone # _____

Mailing Address _____

In support of my application, I declare the following statements to be true:

- I am disabled and qualify for special parking privileges under RCW 46.16.381 (1)(a) through (g), or I am blind as defined in RCW 74.18.020, or I have been found to be incapacitated under RCW Chapter 11.88, or I have a developmental disability under RCW 71A.10
- I am the owner and full-time resident of the above-described residence or I am the tenant and full-time resident; and further attest that I pay the water bill, directly or indirectly
 - As tenant and full-time resident, I have included written proof that I pay my water bill directly, or that the amount of the water bill has been specifically added to the rent, and that rent is reduced by the amount of reduction granted by the District
- **Total household income** (including income of spouse and/or co-tenant) does not exceed \$40,000.00 (Forty thousand dollars) per year
- I agree that I will promptly notify Water District 20 in writing if I should move from the above-described residence or in the event of any change in my financial condition that would disqualify me from receiving the reduced Fixed Charge rate
- I further agree to reimburse Water District 20 for any discounted Fixed Charge billed during a period where a determination has been made that I was not eligible for the reduction.
- I understand that by applying for this reduction, I waive any claim of confidentiality in any information provided and agree to release King County Water District No. 20 from any and all claims that might arise out of the disclosure of such information to any other party or entity
- I have included a copy of my valid government issued identification and a medical doctor's written verification of my disability, or proof of issuance of special parking privileges as outlined above, as proof of eligibility

I certify under penalty of perjury under the laws of the State of Washington that all of the above information is correct to the best of my knowledge.

Signed _____ Date _____

Approved by _____ Date _____