

2012 Application for Low Income Monthly Sewer Service Rates

1.					
		Original Applic	ation \Box	Renewal Application	
Name((s):				
			 :	Account Number	
Single		Iarried J			
2. Physic		perty:			
Mailin	g Address:				
Teleph	none No.				
3.					
		Certification of Qua	alification for Low-	Income Sewer Rates	
	ants must be the or an County Median		erty in the District ar	nd meet the low-income qua	alifications for 80% of
	provide copies of t				
1.		Ownership; (one of th			
	PropertyDeed	Tax Statement or Asses	ssment Card		
		Company receipt for p	payment of property	axes District Verified:	
2.		ome Qualification;	any and the property		
		040 Tax Return or other	<u>*</u>		
	-	with income who live in	the household. (first		
2	• Completed Income Worksheet District Verified: 3. Certification of Low-Income Qualification;				
٥.		nd notarized certification		District Verified:	
	5 Signed un	a notarized continuation	101111	District verycu	
Place				sted in the table below:	
	Household Size	Maximum Combined	Household Size	Maximum Combined	
ŀ	☐ One Person	Household Income \$38,900	□ Fixe Descen	Household Income \$56,900	
	☐ Two Person	\$42,150	☐ Five Person ☐ Six Person	\$61,100	
ŀ	☐ Three Person	\$47,400	☐ Seven Person	\$65,300	
	☐ Four Person	\$52,650	☐ Eight Person	\$69,500	
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Eastenand Source and Water District

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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	_
	<u>District Use Only</u>	
Approval Date:	_	
Expiration Date:	Office Manager	
Application Denied Date	Reason:	

<u>2012</u>

INCOME WORKSHEET

Date:		
Name of Applicant(s):	 	
Address:		

Please Complete the Following:

2011	Applicant	Spouse or	<u>Other</u>	TOTAL
INCOME SOURCE		Joint Owner	Household Members	INCOME
Gross Wages From;				
Federal 1040 Income Tax				
And / Or Any of the Following;				
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				
TOTAL INCOME				

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 n living in the residence listed 	umber of household members	
• 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 acknowleds this to be their free and voluntary act for the uses and purposes mer	ged that they signed this instrument, and declare	
Dated:		
NOTARY SEAL	NOTARY PUBLIC in and for the State of Washington, residing at My Appointment Expires	