



FOR OFFICE USE ONLY	
Reviewers Initials	
Billing Cycle	
Total Annual Income	
Bi-Monthly Amount	
Date Account Updated	

**Low Income Senior Citizen Discount Application
August 1, 2020, through July 31, 2021**

Please fill out the application completely:

- Customer Account Number: _____
- Customer Name: _____
- Customer Address: _____
City, State, Zip Code: _____
- Customer Phone #: _____
- Date of Birth: _____

Please submit the following documents for review:

1. Valid Picture ID: Driver's License / Other -- **First time applicants only**
2. **2019** Annual Social Security Statement or Retirement Statement Yes Not Applicable
3. **2019** Tax Return (*Signed*) Yes Not Applicable
 - ***If you are no longer required to file a tax return, or are a first-time applicant and do not file a tax return, you will need to submit three of your most recent bank statements with your application***
4. Letter of Non-Filing submitted Yes Not Applicable

Questions:

1. Are you the legal owner and full-time resident at the above address? Yes No
2. Do you own any additional properties used for rental or investment? Yes No
3. Is the account balance current? Yes No

I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Property Owner Signature

Date