CLARK REGIONAL WASTEWATER DISTRICT

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, 2025, through July 31, 2026

Qualification Questions:

1. Are you age 62 or older? ☐ Yes ☐ No
2. Are you the legal owner of the residence and do you reside there year-round? ☐ Yes ☐ No
3. Is the residence the only property you own, e.g., do not own investment property? ☐ Yes ☐ No
4. Is your combined annual household income for all residents at or below $42,300? ☐ Yes ☐ No
5. Is the account balance current? ☐ Yes ☐ No

***If you answered "Yes" to all of the above questions, please fill out the application completely*:**

- Account Number (e.g., 012345-000): _____
- Customer Name: _____
- Service Address: _____
- Mailing Address (if different from above): _____
- Customer Phone #: _____

In addition to the information above, please submit legible <u>copies</u> of the following required documents.
Do <u>NOT</u> send original documents – copies only, please.

1. Valid Picture ID with date of birth or other documentation verifying age – ***First-time applicants only***
2. **<u>2024</u>** Annual Social Security Statement ☐ Yes ☐ N/A
3. **<u>2024</u>** Additional income or alternative retirement statements (e.g., pensions, IRAs) ☐ Yes ☐ N/A
4. **<u>2024</u>** Federal Tax Return (*Signed*), *if required to file* ☐ Yes ☐ N/A
5. If you answered "N/A" to item #4 and are no longer required to file a tax return, please submit bank statements for October, November, and December of 2024 to verify income.

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I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct, and the documents submitted represent the total annual income for the entire household.

_____ _____
Property Owner Signature Date

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