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2026 - 2027 Low-Income Senior Citizen Discount Renewal Affidavit

Customer Account Number: _____

Dear Customer:

Our records indicate your household received a benefit from the District's Low-Income Senior Citizen Discount Program last year. **To prevent a lapse in your benefit, you must renew your discount by completing the 2026-2027 Low-Income Senior Citizen Discount Renewal Affidavit. Please sign and return your completed affidavit to the District no later than June 30, 2026.**

Customer Name: _____

Customer Address: _____

Customer Phone Number: _____

Check one of the following:

☐ My/our combined household income *has not* changed significantly in the last 12 months. Enclosed is my completed and signed affidavit.

☐ My/our combined household income *has* changed significantly in the last 12 months but is still less than **\$43,280** per year. Please mail me an application. (We must receive your updated application and supporting documents by June 30, 2026, to ensure you are receiving the maximum benefit available to your household.)

If you have questions regarding this form or your benefit, please call the Customer Account Team at (360) 993-4001, visit the District office Monday-Friday, 8am-5pm, or email finance@crwwd.com.

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

Office Use: Billing Cycle _____ Current Discount: _____

