



Account # _____

Ronald Wastewater District
17505 Linden Avenue North • P.O. Box 33490
Shoreline, Washington 98133-0490
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COMMISSIONERS
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**2017 Application for
Low Income Senior Citizen Discount or
Low Income Disabled Citizen Discount**

Please read the entire form before completing. Call the District if you have questions.

Name _____ Co-Applicant's Name _____
Street Address _____ Phone # _____
Applicant's Birth date _____ Co-Applicant's Birthdate _____
Age at time of completing this application _____ Co-Applicant's Age _____

Requirements for Low Income Senior Citizen Discount or Disabled Citizen Discount for Year 2017:

Senior Citizen Discount ONLY:

- You or your spouse/co-applicant must be at least 62 years of age.
- A copy of your Washington State Drivers Licenses or Birth Certificate(s).
- A copy of your property tax statement or assessment card. Must own and reside at the property for at least one (1) year prior to date of application.
- A copy of your 2016 1040 form or 2016 SSA-1099 form or SSA-4926 form.

Disability Discount ONLY:

- A copy of your Social Security Administration Disability Verification Letter.
- A copy of your Washington State Drivers Licenses or Birth Certificate(s).
- A copy of your property tax statement or assessment card. Must own and reside at the property for at least one (1) year prior to date of application.
- A copy of your 2016 1040 form or 2016 SSA-1099 form or SSA-4926 form.

Please note: financial eligibility requirements are:
One person Gross Income must be less than \$40,320 per year
Two person Gross Income must be less than \$46,080 per year

Please notify Ronald Wastewater District immediately of any changes in your eligibility.

I hereby apply for the Ronald Wastewater District Low Income Senior Citizen or Disability Discount as provided in RCW 74.38.070 and District Resolution 16-13, and by signing below I do certify under penalty of perjury that to the best of my knowledge all statements on this form are true.

Applicant's Signature _____ Date _____
Co-Applicant's Signature _____ Date _____

District Use Only

Approval Date: _____ Effective Date: _____ By: _____
Application Denied Date: _____ Reason: _____

**RONALD WASTEWATER DISTRICT
2017 LOW INCOME SENIOR CITIZEN DISCOUNT OR
LOW INCOME DISABLED CITIZEN DISCOUNT
INCOME FILING FORM**

Please use this form when your only taxable income was one or more of the sources listed below, and you DO NOT file a 1040 form. Enter the amount of 2016 income for each item listed below, if applicable.

- | | | |
|----|--|-------------------|
| 1. | Gross Social Security Income | \$ _____ per year |
| 2. | Gross Income (Wages, Salaries, Tips) | \$ _____ per year |
| 3. | Gross Dividend Income | \$ _____ per year |
| 4. | Gross Rental Income | \$ _____ per year |
| 5. | Gross Taxable Refund (federal income tax) | \$ _____ per year |
| 6. | Gross Taxable Interest Income | \$ _____ per year |
| 7. | Gross Taxable Retirement Income
(Pensions, annuities, IRA, Distributions) | \$ _____ per year |
| 8. | TOTAL GROSS INCOME (Add lines 1-7) | \$ _____ per year |

If line 8 is less than the Total Gross Income listed below you should qualify for a discount with the Ronald Wastewater District.

Single Applicant

\$40,320 per year

Households of two (2) or more

\$46,080 per year

Print Name

Date

Signature

Print Co-Applicant's Name

Co-Applicant's Signature

of People in Household _____

Ronald Wastewater District's
List of Acceptable Documentation
for the Senior Citizen & Disabled Discount

- **PROOF OF BIRTH DATE** (One of the following)
 - ▶ Driver's license
 - ▶ Birth certificate
 - ▶ Passport
 - ▶ Any official document with your birth date on it

- **PROOF OF PROPERTY OWNERSHIP** (One of the following)
 - ▶ Property Tax statement
 - ▶ Property Assessment Card
 - ▶ If the mortgage company pays your property taxes, then use a copy of the receipt the mortgage company provides.
 - ▶ Must own and reside at the property for at least one (1) year prior to date of application.

- **DISABLED APPLICANTS ONLY - SOCIAL SECURITY DEPARTMENTS**
DISABILITY VERIFICATION LETTER

- **COPY OF 1040 TAX RETURN -OR-**

- **COMPLETED SENIOR/DISABLED INCOME FILING FORM (Page 2)**
 - ▶ Complete **ONLY** if you do not file a 1040 tax return
 - ▶ Report income from all sources (example: Social Security, interest, pension, retirement, rental income, wages, etc.)
 - ▶ Must be signed by applicant and spouse (if married)

- **SENIOR CITIZENS ONLY - COPY OF SSA-1099 OR SSA-4926**
 - ▶ You should receive these each year
 - ▶ We will need one for you and your spouse (if married)
 - ▶ If you did not, call the Seattle Social Security office at 1-800-772-1213
 - ▶ To obtain a copy, either call or go by their office:
13510 Aurora Ave N
Seattle, WA 98133

We only need copies of the verifications - PLEASE DO NOT SEND ORIGINALS!!
There is a copy machine in our office. We will be happy to make all necessary copies for you.