NEW_____ **RENEWAL_____**

APPLICATION AND DECLARATION FOR WAIVER OF FLAT RATE FOR LOW INCOME/SENIOR OR LOW INCOME/DISABLED

As authorized by Covington Water District Resolution No. 1359, I hereby make claim for reduction in the flat rate waiver for the following water account:

Owner's Name:_____ Owner's Phone #:_____

Owner's Mailing Address:_____

Resident's Name:_____ Resident's Phone #:_____

Service Address:_____

In support of my application, I do attest and certify that the following statements are true:

Yes	No	
_____	_____	1. I am 62 years of age or older; or
_____	_____	2. I am _____ years of age, and totally and permanently disabled.
_____	_____	3. I am the owner and full-time resident of the above-described residence; or
_____	_____	4. I am the tenant and further attest that I pay for the water bill directly or indirectly.
_____	_____	5. I am a single applicant. My adjusted gross annual income does not exceed $27,250.00 (twenty-seven thousand two hundred fifty dollars) per year. My adjusted gross annual income is $_____.
	OR,	
_____	_____	6. I am a married applicant, or I am living with a co-tenant. Our combined adjusted gross annual income is less than $31,150.00 (thirty-one thousand one hundred fifty dollars) per year. Our combined adjusted gross annual income is $_____.

Initial	
_____	7. I promise that I will promptly notify Covington Water District in writing if I should move from the above-described residence, or in the event of any change in my financial condition that would disqualify me from receiving the waived water rate.
_____	8. I further promise to pay Covington Water District for any undercharges that have been made during the period not qualified.
_____	9. I further agree to provide Covington Water District with such additional information about my income and residence as may be requested annually in order to establish continued eligibility.
_____	10. I acknowledge that the information I am providing may all be deemed to be public records subject to disclosure upon request. I agree to waive any claim of confidentiality in any information provided and agree to release Covington Water District and its employees and Commissioners from any liability or claim which might arise out of the disclosure of such information to any other party or entity.

DECLARATION

I certify under penalty of perjury under the laws of the State of Washington that all of the above statements as well as any documentation I provide to Covington Water District are true and correct.

_____ _____ _____ _____

Applicant Signature Date Applicant Signature Date

I certify under penalty of perjury under the laws of the State of Washington that the above is true and correct to the best of my knowledge and agree that I will be jointly and severally liable for any undercharges if the tenant moves or is otherwise not eligible.

Owner's Signature:_____ Date:_____

Please provide the following documentation:

_____ Copy of driver's license, State ID card, or passport.
_____ Attending physician statement or proof of issuance of special parking privileges if disabled.
_____ Rental Agreement if tenant.
_____ Copy of two years most current tax returns.
_____ Other_____.

Reviewed by:_____ **Approved by:_____**

Date:_____ **Date:_____**

No. 450 Rev. 01/08