



NEW RENEWAL

18631 SE 300th Place
 Covington, WA 98042
 (253) 631-0565

2020 APPLICATION AND DECLARATION FOR WAIVER OF FLAT RATE METER CHARGE FOR LOW INCOME/SENIOR OR LOW INCOME/DISABLED

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

Owner's Name:	Owner's Phone No:
Applicant Name:	Applicant Phone No:
Valid Driver's License or ID Card:	Utility Account No:
Service Address:	

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

1. I am at least: 62 years or age or Permanently disabled
2. I am the: Owner or Tenant and full-time resident of the above-described service address and further attest that I pay for the water bill directly or indirectly.
3. There are a total of _____ residents living in the household

Please list names, date of birth and relationship to you in the box below.

Name	Date of Birth	Relationship to You

4. The combined total household income from myself and all adults 18 years or older in the household from January – December 2019 was: \$_____.

2020 Income Limits:

<u>1 Person</u>	<u>2 or more People</u>
\$41,800.00	\$47,800.00

5. 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 flat rate meter charge.

6. I further promise to pay Covington Water District for any undercharges that have been made during the period not qualified.
7. 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.
8. 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.
9. I understand that if the application is approved, the waiver of the flat rate meter charge will take effect in the next full billing cycle and will not be applied retroactively. Furthermore, I understand that I will be required to renew annually subject to the eligibility terms then in place.

DECLARATION

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
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I certify under the 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.

Tenant's Signature	Date
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Please provide the following documentation:

- Copy of valid driver's license, state ID card or passport
- If permanently disabled, attending physician's statement or proof of issuance of special parking privileges
- If new application, copy of two years most current tax returns or proof of income is required
- If renewal, only the most recent tax return or proof of income is required

Covington Water District information only

Reviewed by	Date
Approved by	Date
Denied by	Date