



CITY OF EDMONDS  
121 5th Avenue North  
Edmonds, WA 98020-2008  
425-771-0241

2020

AFFIDAVIT OF QUALIFICATIONS FOR A  
REDUCTION IN WATER UTILITY BASE RATE,  
SEWER AND STORM DRAIN UTILITY RATE  
FOR LOW INCOME CITIZENS

I hereby apply for a reduction in Water Utility Base Rate, Sewer and Storm Drain Utility Rate as provided in the City of Edmonds Ordinance No. 3629. This discount will only apply to the period ending June 30, 2021.

APPLICANT'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**INCOME:** IMPORTANT – Income you include is total income from January 1 to December 31 of last year for **all** persons living in your household.

- 1. Social Security benefits for applicant, spouse, and/or co-tenant (Box 5 of your SSA 1099)..... \$ \_\_\_\_\_
- 2. Other retirement benefits for applicant, spouse, and/or co-tenant  
(railroad, state or federal civil services, military and veteran benefits, pensions, annuities)..... \$ \_\_\_\_\_
- 3. Self-employment income (DO NOT deduct depreciation or losses)..... \$ \_\_\_\_\_
- 4. Gross total wages (other than Social Security)..... \$ \_\_\_\_\_
- 5. Welfare, unemployment benefits, grants..... \$ \_\_\_\_\_
- 6. Disability income (other than Social Security)..... \$ \_\_\_\_\_
- 7. Interest and dividend income (DO NOT deduct losses)..... \$ \_\_\_\_\_  
(state and municipal bonds, capital gains, savings, IRA, money market distributions)
- 8. Rental property income, trusts, royalties, partnerships, and estate income..... \$ \_\_\_\_\_  
(No deductions for depreciation or losses)
- 9. Child-support, foster care, alimony, adoption support, and separate maintenance  
payments received..... \$ \_\_\_\_\_
- 10. All other sources of income (DO NOT deduct losses)..... \$ \_\_\_\_\_
- 11. **INCOME SUBTOTAL:** (add all lines)..... \$ \_\_\_\_\_

**DEDUCTIONS:**

- 12. Non-reimbursed nursing home care/in-home care, Social Security Medicare premiums..... \$ \_\_\_\_\_  
(DO NOT deduct supplemental insurance premiums)
- 13. Non-reimbursed prescription drugs..... \$ \_\_\_\_\_
- 14. **DEDUCTIONS SUBTOTAL:**..... \$ \_\_\_\_\_

**TOTAL:** Income Subtotal (line 11) minus Deductions Subtotal (line 14)..... \$ \_\_\_\_\_

By signing below, I do hereby certify under penalty of perjury under the laws of the State of Washington that the above information is true and correct and is subject to audit and verification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(SEE REVERSE SIDE FOR INFORMATION AND INSTRUCTIONS)

**INFORMATION AND INSTRUCTIONS**

**FILING PERIOD:**

The low income rate will commence on the next billing date after the application is approved. The application for a rate reduction must be filed annually with the Finance Department prior to June 30 of each year. Any filing after June 30 shall apply only to those utility statements mailed after the date of filing and shall not be retroactive to June 30 of the year of filing. Failure to renew will result in reinstatement of regular rates.

**ELIGIBLE HOUSING:**

At the time of filing the application, the dwelling unit must be occupied by the person claiming eligibility for the discount, the dwelling unit must be the principal place of residence, and the occupant claiming the reduced rate must be head of the household.

Persons in federally subsidized housing **are not** eligible for the discount.

**QUALIFICATIONS:**

“**Low income citizen**” is defined as a person whose total combined disposable income, including that of a spouse or other occupant, does not exceed the amount stated in RCW 84.36.381(5)(b)(i).

Low income citizen **Rate Reduction** for Water Base Rate, Sewer and Storm Drain Utility Rate:

|                                   |                                 |            |
|-----------------------------------|---------------------------------|------------|
| Total combined disposable income: | <b>Less than \$47,167 .....</b> | <b>30%</b> |
|                                   | <b>Less than \$38,591 .....</b> | <b>50%</b> |

**DOCUMENTATION REQUIRED:**

You must provide documentation for all **income and/or expenses listed**, or this application will be returned to you.

**If you file a tax return**, you must provide a full copy of your 2019 tax return, Social Security statement, retirement or pension statement, schedules, W-2's, 1099's, etc.

**If you do not file a tax return**, you must provide copies of your 2019 Social Security statement, retirement or pension statement, interest or dividend statements, W-2's, form 1099's, etc.

You must also include documentation for any out of pocket expenses you are deducting from your income.

**SIGNATURE OF APPLICANT:**

The person entitled to the discount must sign the application. In the event that a person knowingly makes any false or misleading statements in the application with the intent to secure the discount authorized by the City of Edmonds Ordinance No. 3629, he or she shall be guilty of a misdemeanor.

**City of Edmonds Combined Utility  
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Edmonds, WA 98020-2008  
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