



## 2019-2020 Low Income Reduced Water Rate Program

North City Water District is offering a rate reduction to eligible low-income persons. For qualifying applicants, the bi-monthly base water rate will be reduced by 24% of a single family 5/8" x 3/4" service rate, regardless of meter size. For example, the current 5/8" single family residence meter base rate would be reduced from \$51.47 to \$39.12 on each bi-monthly billing. Actual water usage will continue to be billed at the regular step rate amount.

### Qualifications-

- \*Applicant must be the person responsible for payment of the water charges, (if you are a Tenant, the account must have a signed "Landlord/Tenant Agreement" between the owner and North City Water District, AND
- \*Applicant must reside where the low-income rate is being requested, AND
- \*Applicant's residence must have a separate individual water meter, AND
- \*Applicant must sign an application form under penalty of perjury accompanied by appropriate documentation, AND
- \*Applicant's combined **interest and dividend income must not exceed \$500**, AND
- \*Applicant's **total household income from all sources in 2018** did not exceed the "very low-income" rate set annually by HUD for the Seattle area (listed below),

2019 "Very Low Income" Limits	Household Size	Maximum Income allowed from ALL sources
	1 person	\$38,750 or less
	2 person	\$44,300 or less
	3 person	\$49,850 or less
	4 person	\$55,350 or less
	5 person	\$59,800 or less

The rate reduction will take effect on the June/July billing cycle following application approval. There will be no adjustments for prior periods if received after June/July. **Customers will be required to resubmit an application and supporting documents annually in order to continue to receive the reduced rate.**

### How to apply:

Application forms and more information are available at the District Office located at 1519 NE 177<sup>th</sup> Street, or by calling (206) 362-8100 to have an application mailed. It is not necessary to visit the office to apply for the Low Income Reduced Water Rate Program. **Mail the completed application, IRS filing, and all supporting documents and schedules to P.O. Box 55367, Shoreline, WA 98155.**

**APPLICATIONS WITHOUT THE REQUIRED INCOME DOCUMENTATION WILL AUTOMATICALLY BE RETURNED.**



## 2019-2020 Low Income Reduced Water Rate Program Application

Name: \_\_\_\_\_ Original Application  
 Property Address: \_\_\_\_\_ Renewal Application  
 Telephone Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Cycle: \_\_\_\_\_  
 Homeowner or Tenant

**Please check all that apply:**

- I/we am/are the person(s) responsible for payment of the water charges, AND
- I/We reside where the reduced rate is being requested, AND
- The residence has a separate individual water meter, AND
- All combined interest and dividend income did not exceed the \$500 limit, regardless of total income, AND
- The **total household income from all sources** (all occupants residing in the home), did not exceed authorized levels. “very low income limits” set by HUD annually.
- Household size (number of persons residing at this address)

**Attach a copy of your 2018 income tax return and all applicable documentation** (ie; Schedules B, C, C-EZ, D, E, F, form 4797, documentation showing total distribution of IRA, Pension and Annuities, Social Security Benefits, and Child Support and other non-taxable income.

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I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct. I understand that if any information I have submitted is found to be false the rate reduction will be removed and I will be liable for all previous discounts.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_\*Initial to certify if you **DID NOT** file 2018 Income Tax Return with the IRS (Income and Interest documentation **IS** still required)

Please indicate/mark type of documents submitted:

Income Tax Return (1040)    Sch 1    Sch C    Sch C-EZ    Sch D    Sch E    W2  
 1099Int    1099R    1099Misc    SSA 1099    Social Security award letter  
 DSHS award letter    Child Support  
 OTHERS \_\_\_\_\_