



Account # _____

City of Shoreline Wastewater Utility

17500 Midvale Avenue N
Shoreline, Washington 98133-4905
206-546-2494
wwcustomerservice@shorelinewa.gov

**Low Income Senior Citizen Discount or
Low Income Disabled Citizen Discount**

Please read the entire form before completing. Call Shoreline Wastewater Utility if you have questions.

Name _____ Co-Applicant's Name _____

Street Address _____ Phone # _____

Applicant's Birth Date _____ Co-Applicant's Birth Date _____

Age at time of completing this application _____ Co-Applicant's Age _____

Email _____

Requirements for Low Income Senior Citizen Discount or Low-Income Disabled Citizen Discount:

Senior Citizen Discount ONLY:

- You or your spouse/co-applicant must be at least 62 years of age.
- A copy of your Washington State Driver's License 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 **2023** 1040 form or **2023** SSA-1099, SSA-4926 form.

Disability Discount ONLY:

- A copy of your Social Security Administration Disability Verification Letter.
- A copy of your Washington State Driver's License 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 **2023** 1040 form or **2023** SSA-1099 form, SSA-4926 form.

Financial eligibility requirements:

One Person Gross Income must be less than \$63,240.00 per year
Two Person Gross Income must be less than \$72,300.00 per year

Please notify City of Shoreline Wastewater Utility immediately of any changes in your eligibility.

I hereby apply for the City of Shoreline Wastewater Utility Low Income Senior Citizen or Disability Discount and, by signing below, do certify under penalty of perjury that to the best of my knowledge all on this form are true.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

UTILITY USE ONLY

Approval Date: _____ Effective Date: _____ By: _____

Application Denied Date: _____ Reason: _____

**CITY OF SHORELINE WASTEWATER UTILITY
LOW INCOME SENIOR CITIZEN DISCOUNT OR
LOW INCOME DISABLED CITIZEN DISCOUNT
INCOME FILING FORM**

This form is **REQUIRED** 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 **2023** income for each item listed below, **IF APPLICABLE**. **Supporting documents must be submitted with application.**

- | | | |
|--|----------|----------|
| 1. Gross Social Security Income | \$ _____ | per year |
| 2. Gross Income (Wages/Salaries) | \$ _____ | 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 Shoreline Wastewater Utility.

Single Applicant

\$63,240.00 per year

Household of two (2) or more

\$72,300.00 per year

Print Name

Date

Signature

Print Co-Applicant's Name

Co-Applicant's Signature

Number of People in Household _____

CITY OF SHORELINE WASTEWATER UTILITY

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 DEPARTMENT 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/co-applicant (if applicable)

SENIOR CITIZENS ONLY: COPY OF SSA-1099 AND SSA-4926

- You should receive these yearly from Social Security
- We will need one for you and one for your spouse/co-applicant (if applicable)
- To obtain copies, call Social Security Administration, 1-800-772-1213 or visit their offices at 13510 Aurora Ave N, Suite B, Seattle, WA 98133

We only need copies of the verifications. PLEASE DO NOT SEND ORIGINALS