

**CITY OF TUKWILA**  
**Finance Department**  
**6200 Southcenter Blvd, Tukwila, WA 98188-2599**  
**Phone: 206-433-1849 Fax: 206-433-1833**

**APPLICATION AND AFFIDAVIT FOR REDUCTION IN WATER, SEWER, SEWAGE TREATMENT & SURFACE WATER RATES.**

As authorized by RCW 74.38.070 and Chapter 14 of the Tukwila Municipal Code, I hereby make claim for reduction in water, sewer, sewage treatment, and surface water rates for the following residential address:

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

WATER/SEWER ACCT # \_\_\_\_\_ STORM DRAIN ACCT # \_\_\_\_\_

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

1. I am 62 years of age or older or (if married) my spouse is 62 years of age or older.  
  
Or I am \_\_\_\_\_ years of age and totally and permanently disabled and I attach herewith a copy of the attending physician's statement verifying such permanent disability.
2. a. For water, sewer, and sewage treatment: I am the owner or renter and permanent resident of the above described residence. I further attest that the residence is billed on a separate meter and I pay for such billing directly.  
b. For surface water: I am the owner and permanent resident of the above described residence. I understand that only one parcel owned by myself within the City of Tukwila may receive the reduction in rates.
3. My disposable income from all sources is less than \$32,000 per year if single, or if married, combined disposable income is less than \$32,000 per year. Proof of qualified income is attached.
4. I promise that I will promptly notify the City 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 special rates for utility services.
5. I further promise to pay the City for any undercharges that have been made if it is determined that I am not qualified.
6. I further agree to provide the City with such additional information about my income and residence as may be requested from time to time in order to establish eligibility.

**AFFIDAVIT**

I affirm that all of the above statements are true and correct to the best of my knowledge.

State of Washington  
County of King

\_\_\_\_\_  
Signature of Resident

SUBSCRIBED AND AFFIRMED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Name as commissioned \_\_\_\_\_

My appointment expires \_\_\_\_\_