

Heights Water Rate Assistance Application

Applicant's name: _____ Acct. # _____

Daytime telephone #: _____ Home telephone #: _____

Mailing address: _____

Water service address: _____

Other adult living in household: _____

Housing status (circle): Own/Buying Rent (*Tenants must provide owner's information in the box below*)

Total number of people in household: _____

How many in the following age groups: Ages 0-17: _____ Ages 18-64: _____ Ages 65+: _____

Total household Gross Income* (*before tax*) for last year: _____

**If your financial situation has changed since last year, please provide documentation of total household income for the last three months, as requested at the bottom of this form.*

If **Applicant is a tenant**, please provide the following information:

Property owner's name: _____

Owner's daytime telephone #: _____ Home telephone #: _____

Owner's mailing address: _____

PLEASE COMPLETE PART 2 ON THE REVERSE SIDE OF THIS APPLICATION

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

Initial

_____ I certify that I am the occupant of the above-named residence, and I understand that only occupants may apply for rate assistance.

_____ I promise that I will promptly notify Heights Water 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 reduced water rate.

_____ I further promise to pay Heights Water for any undercharges that have been made during the period not qualified.

_____ I further agree to provide Heights Water with such additional information about my income and residence as may be requested from time to time in order to establish continued eligibility

DECLARATION

I certify under 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 Heights Water are true and correct.

APPLICANT SIGNATURE: _____ DATE: _____

CITY: _____ STATE: _____

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.

PROPERTY OWNER SIGNATURE: _____ DATE: _____
(*Required if tenant is applicant*)

CITY: _____ STATE: _____

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Applicant: List **ALL** *household members, this means **everyone** who lives in the home. Also state the age, relationship of the other household members(s) to you and **all sources of income**. If there is no income for a household member, state “No Income”. Box #1 is for you, the primary applicant; boxes #2 on, are for the other residents.

Household members	Relationship to you	Source of Income – Employer & phone
1. (Applicant’s name)	-----	(Applicant’s income and source)
2.		
3.		
4.		
5.		
6.		

**A household member is someone who lives in your house and uses water, etc., and/or receives mail there. This includes a person who lives with you and pays you rent.*

COMMENTS (if you need to explain your household living situation)

Maximum Gross (before tax) Income (60% of Washington State projected median income) Based on WA State Median Income in 2022		
Household	\$/Year	\$/Month
1	\$35,388	\$2,949
2	46,282	3,857
3	57,168	4,764
4	68,062	5,672
5	78,948	6,579
6	89,842	7,487

PLEASE PROVIDE THE FOLLOWING:

- _____ Photocopy of driver’s license, State ID card, or passport
- _____ Photocopy of tax return for prior year, **or**,
- _____ Gross income documentation* for **all sources** for **all** household members age 18 or older for the three months prior to the date of the signature on this application:
 _____, _____, _____

*Documentation includes complete check stubs; Employer Verification; Income received from DSHS; Social Security Award Letter; State Industrial Settlements (L&I); Student Financial Aid Letters, etc.

Approved by: _____ Date: _____