



3600 Sahalee Way NE
Sammamish, WA 98074

Application for Low Income Senior Discount

Effective June 1, 2026 through May 31, 2027

A. Applicant must reside in the residence where the discount is requested and be at least 62 years of age.

B. Applicants combined **gross income**, excluding children under the age of eighteen, for the previous year did not and for this year (estimated) will not, exceed the dollar amount listed below based on the size of the household:

Size of Family	Total Household Income Not to Exceed
1	\$ 57,550
2	\$ 65,800
3	\$ 74,000
4	\$ 82,200

C. Applicant is the named customer on the District's billing statement

NAME _____ Date _____

ADDRESS _____ Acct. # _____

SIGNATURE _____ Phone _____

**PLEASE INCLUDE PREVIOUS YEARS IRS FORM 1040, W-2 FORMS, &
COPY OF PHOTO IDENTIFICATION.**

If unable to provide IRS Form 1040, please provide the following:

Social Security Statements
Pension or Veterans Statements

Bank Statement, IF unable to provide SS, Pension, or Veteran's Statements

INCOME SOURCE

ANNUAL INCOME

Social Security Including Medicare	
Pension Benefits	
Public Assistance	
Interest/Dividends (1099)	
Salaries/Wages	
Business Income (Net)	
Supplemental Security Income (SSI)	
Social Security Disability Income (SSDI)	
Veterans Payments	
IRA Withdrawal	
Other	
TOTAL	\$