

CITY OF KING
Application for senior /Physically Impaired Citizens
Sewer Discount Program

I, the undersigned applicant, hereby apply for the Senior/Physically Impaired Citizen Sewer Discount Program from the City of King in accordance with Ordinance No.8-98 as amended.

Name _____

Address _____

Phone _____

Please check the information as it pertains to your household and financial condition:

	YES	NO
At least one member of my household is Sixty-five (65) years of age or older Or physically impaired	_____	_____
The total annual household income * from All sources does not exceed <u>\$17,500.00</u>	_____	_____
The total combined assets of the applicant And all other members of the household Does not exceed \$100,000.00 excluding The principle residence and up to one acre Of adjoining land	_____	_____

This sworn application attesting to the fact that the above applicant meets all criteria listed above shall be filed with the City every two (2) years, and shall be accompanied by any documentation, including tax returns, deemed necessary by the City to determine program eligibility.

Eligibility for the discount program shall be immediately revoked if any one or more criteria are no longer met.

Discounts shall be applied to the next full billing cycle following the approval of the application and shall **not be retroactive**

Please provide copy of the most recent Federal tax return. A property map (plat) of principal residence may be needed, if requested.

Please provide a signed Physician's Statement if you are applying for a Physically Impaired Discount

Signature of Applicant

I, _____, a Notary Public, certify that the above applicant appeared before me and duly signed this application and attested that the information given was a true and accurate account of his financial status. This is _____ day of _____ 20_____.

Notary Public signature

Notary Seal:

*Federal Adjusted Gross Income from most recent Form 1040