



1510 228th Avenue SE, Sammamish, WA 98075
425.392.6256 • spwater.org

Low-Income Discount Program (“LIDP”) Application 2018/2019

Sammamish Plateau Water and Sewer District (“District”) is now accepting applications for the 2018/2019 Low-Income Discount Program (July 1, 2018 through June 30, 2019). This program applies to residents currently paying for water and/or sewer utility services directly to the District.

Residents of apartments, condos and residential homes who pay for water and sewer service through rent or to a third party must complete a Low Income Rebate Program Application.

Date: _____ Account #: _____

Applicant’s Name: _____

Applicant’s Service Address: _____

Applicant’s Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Income qualification

The combined annual income of all adult household members for 2017 must not exceed fifty (50) percent of the King County Department of Housing and Urban Development (“HUD”) area median household income calculation as set forth for the number of persons in the household. For the 2018/2019 LIDP year, the amounts are shown below:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$33,600	\$38,400	\$43,200	\$48,000	\$51,850	\$55,700	\$59,550	\$63,400

For each adult member (18 years and older) of your household, you must provide proof of annual income (Federal Tax Return) and proof of identification (Copy of Drivers’ License, State ID Card, Passport)

How many people live with you in the household? _____ Please provide the name, age and relationship of each household member (please attach separate form if needed)

	First Name	Last Name	Age	Relationship to Applicant
1				
2				
3				
4				
5				
6				

Verification of Income

Please indicate your total 2017 annual household income: \$ _____

Please attach copy (copies) of the most recent Federal Tax return for each adult living in the household. If you do not file a federal tax return, please provide alternate income documentation where applicable (for your convenience, a gross annual household income worksheet is attached for your use).

I, the undersigned, under penalty of perjury of the laws of the state of Washington do hereby declare and certify

- I have read and understand the program guidelines provided with this application. All the information provided by me on this application is accurate, complete and true to the best of my knowledge.
- I understand that submitting the required documentation does not guarantee eligibility to the program. Such information will, however, be used to determine if I qualify this program.
- I have provided a true and accurate list of income to the District for 2017 for all household members 18 years and older.
- I understand the rate reduction is for July 1, 2018 through June 30, 2019 only and it is my responsibility to re-apply for this program each year.
- I will promptly notify the District of any change in my financial situation that would disqualify me from receiving the utility discount, or if I should move from the above residence.
- I understand any attempt to falsify my information will result in my disqualification from the program for this year and may subject me to civil or criminal penalties.
- I understand if I receive utility relief and do not disclose all sources of disposable income for household members 18 years and older for 2017, the District may recover the actual cost of my utility bills for the period that I was not eligible to participate in the program.

Signed this _____ day of _____, 20 _____

Signature: _____

Applicant's Printed Name: _____

District Information Only	
Date Received _____	Received By _____
Approved By _____	Date _____