



EAST WENATCHEE WATER DISTRICT

692 Eastmont Avenue
East Wenatchee, WA 98802
Tel: (509) 884-3569 • FAX: (509) 886-0550



SENIOR CITIZEN AND DISABLED/LOW INCOME PERSONS ADJUSTMENT OF WATER SERVICE CHARGES

1. _____
 Claimant's Name _____

 Mailing Address _____

 City _____ State _____ Zip Code _____

For Office Use Only	
Account #	_____
<input type="checkbox"/> Adjust 13.00	
<input type="checkbox"/> Adjust 19.00	
<input type="checkbox"/> Adjust 24.00	
Auditor's Tax Status	_____
Approved	_____
Date	_____

2. **Description of Property**

Single Family Dwelling Mobile Home

**Property must be the primary residence of the Claimant.
 Claimant must own the property.**

Tax Parcel Number _____

Legal Description _____

3. **All Gross Income of Claimant, Spouse and Co-tenant**

TOTAL COMBINED INCOME FOR 2017 - (Maximum Income \$40,000) \$ _____

as reported on your annual income tax and/or any other income that is reported per RCW 84.36.383 and WAC458-16A-100 and Department of Revenue form 64-0002.

4. I (or each of us if joint owners are filing) apply for adjustment on the above described property and certify the following: (please check all appropriate boxes)

I will be 61 years of age or older on or before December 31 of the year in which this adjustment is filed.

I am physically disabled and as such, retired from regular gainful employment by reason of such disability.

I am a surviving spouse of a person who was approved for this exemption and I am at least 57 years old.

5. Birth date _____ Date/Year Property Purchased _____

6. Any adjustment granted through erroneous information shall be subject to penalty.
 I swear under the penalties of perjury that all of the foregoing statements are true.

Signature of Claimant

Phone Number

This claim is subject to audit by the Department of Revenue.

Accounts must be current and remain in good standing to receive this Discount

Claimant must have property tax exemption from the Douglas County Assessor