



2010 LOW INCOME SENIOR CITIZEN / SOCIAL  
SECURITY (SSI) DISABILITY DISCOUNT FORM

*Please print in blue or black ink.*

Name: \_\_\_\_\_ Account#: \_\_\_\_\_

Property Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check the following which are true:

- I am the owner and/or tenant at the address listed above
- I am 62 years of age or older or my spouse is 62 years of age or older, OR
- My age or that of my spouse is less than 62, but I or my spouse are recipients of US Social Security (SSI) Disability payments,

My gross household income from All SOURCES (including 100% of social security and other pension) for 2009 was less than the following.

- 1 person household: \$28,500/year or \$2,375/month OR
- 2+ person household: \$32,550/year or \$2,712/month

DECLARATION: I swear under the laws of the State of Washington, under the penalty of perjury, that the foregoing statements are true and correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City where signed

\_\_\_\_\_  
Date

*Annual renewal of this form is required for eligibility.*