



2011 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 2010 was less than the following.

- 1 person household: \$29,500/year or \$2,458/month; OR
- 2+ person household: \$33,700/year or \$2,808/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.