



6723 S 124th St.
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2020 LOW INCOME SENIOR CITIZEN / SOCIAL SECURITY (SSI) DISABILITY DISCOUNT FORM

Name: _____

Account #: _____

Property Address: _____

Phone #: _____

Birth Date: _____

DECLARATION:

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 **2019** was less than the following:

- 1 person household: **\$38,750 year or \$3,229/month;**
- 2+ person household: **\$44,300 year or 3,692/month**

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 program eligibility.