

6723 S 124th St
Seattle, WA 98178
www.skywayws.org



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Web Form Instructions

When completing a PDF form that requires a signature or attachments, please follow these instructions:

- Complete the form on your computer
- Print your document single-sided on plain white, letter sized paper (8 ½ x 11)
- Sign and date if requested
- Email the signed document to info@skywayws.org or fax to 206-772-5860

You may also mail the document and any required attachments to the following address.

Skyway Water & Sewer District
6723 S 124th St
Seattle, WA 98178

If you have any questions about these instructions, please contact us for further assistance.

Email: info@skywayws.org

Phone: 206-772-7343 (7:30am-4pm M-F)

Fax: 206-772-5860



2024 Low Income Senior Citizen / Social Security (SSI) Disability Discount Form

Name: _____ Account #: _____
Property Address: _____ Phone #: _____
Birth Date: _____

For the address listed above, I am the:

Owner

Tenant

Check which of the following are true:

<p>I am 62 years of age or older or my spouse is 62 years of age or older.</p> <p style="text-align: center;">OR</p> <p>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.</p>	<p>My gross household income from ALL SOURCES (including 100% of social security and other pension) for 2023 was less than the following:</p> <p>1 person household: \$47,950/year or \$3,996/month</p> <p style="text-align: center;">OR</p> <p>2+ person household: \$54,800/year or \$4,567/month</p>
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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 program eligibility.