

6723 S 124th St  
Seattle, WA 98178  
[www.skywayws.org](http://www.skywayws.org)



(206) 772-7343  
Fax: (206) 772-5860  
[info@skywayws.org](mailto:info@skywayws.org)

## 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 1/2 x 11)
- Sign and date if requested
- Email the signed document to [info@skywayws.org](mailto: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](mailto:info@skywayws.org)

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

**Fax:** **206-772-5860**

6723 S 124th St  
Seattle, WA 98178  
[www.skywayws.org](http://www.skywayws.org)



(206) 772-7343  
Fax: (206) 772-5860  
[info@skywayws.org](mailto:info@skywayws.org)

## 2026 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:

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 **2025** was less than the following:

1 person household:  
**\$55,000/year or \$4,584/month**

**OR**

2+ person household:  
**\$62,850/year or \$5,238/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 program eligibility.*