

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



(206) 772-7343
Fax: (206) 772-5860
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 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

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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.