



OLYMPIC VIEW WATER & SEWER DISTRICT

8128 228th ST SW
Edmonds, WA 98026
(425) 774-7769

**CERTIFICATION OF QUALIFICATIONS AS
LOW INCOME SENIOR CITIZEN FOR CALENDAR YEAR 2019**

I _____, residing at

_____, certify as follows:

You must meet all of the following requirements:

1. I am a customer of Olympic View Water & Sewer District (“District”); and
2. I am 62 years of age or older as of December 31, 2018; and
3. The combined disposable income for the entire residence during this year of certification at the location described above is below \$30,000.00. Combined disposable income is defined RCW 84.36.383 (4) & (5). (Medicare premiums, prescription drug expenses, and in-home care expenses are examples of items that may be deducted to obtain an accurate disposable income.)
4. I am a single occupant or the head of household or the spouse of the head of household of the premises served by Olympic View Water & Sewer District; and
5. Water and sewer service to our residence is for residential and domestic purposes only; and
6. I am aware that if: 1) I falsely certify that I am a qualified Low Income Senior Citizen and pay the Low Income Senior Citizen reduced water and sewer service rate; or 2) If I have previously qualified as a Low Income Senior Citizen and fail to advise the District of my loss of eligibility and continue to pay the Low Income Senior Citizen’s reduced water and sewer service rate; **I AGREE THAT** I shall be required to pay the District for all water and sewer service provided during the period when I was ineligible for the Low Income Senior citizen’s reduced water serve rate at the regular rate in effect at the time the water service was provided **plus** a penalty of fifteen (15%) percent. The District also reserves its right to pursue legal action resulting from the erroneous certification of eligibility.

DATED this _____ day of _____, 20____, AND

CERTIFIED UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON.

Signature

Printed Name