

EAST WENATCHEE WATER DISTRICT

P.O. Box 7190 * 692 Eastmont Ave.
East Wenatchee, WA 98802
(509) 884-3569 FAX: (509) 886-0550

SENIOR CITIZEN AND DISABLED PERSONS ADJUSTMENT OF WATER SERVICE CHARGES

1. _____
Claimant's Name

Mailing Address

City State Zip Code

For Office Use Only	
Account #	_____
<input type="checkbox"/>	Adjust 2.00
<input type="checkbox"/>	Adjust 4.00
<input type="checkbox"/>	Adjust 6.00
Auditor's Tax Status	_____
Approved	_____
Date	_____

2. **Description of Property**

Single Family Dwelling Mobile Home

Claimant must own the property. Property must be the Primary residence of the Claimant.

Tax Parcel Number

Legal Description

3. **All Gross Income of Claimant, Spouse and Co-tenant**

TOTAL COMBINED INCOME FOR 2007 - (Maximum Income \$35,000) \$ _____ as reported on Washington Department of Revenue Form Rev 64 0002 "**Senior Citizen and Disabled Persons Exemption From Real Property Taxes**" Section 6.

4. I, or each of us (if joint owners are filing) apply for adjustment on the above described property and certify the following: (please check appropriate boxes)

I will be 61 years of age or older on or before December 31 of the year in which this adjustment is filed.

I am physically disabled and as such, retired from regular gainful employment by reason of such disability.

I am a surviving spouse of a person who was approved for this exemption and I am at least 57 years old.

5. Birth date _____ Date Property Purchased _____

6. Any adjustment granted through erroneous information shall be subject to penalty. I swear under the penalties of perjury that all of the foregoing statements are true.

Signature of Claimant

By

Phone Number

This claim is subject to audit by the Department of Revenue

******Accounts must be current and remain in good standing to receive this Senior Discount******

******Customer must have property tax exemption from Do. Co. Assessor******