



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/LOW INCOME 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 5.00	
<input type="checkbox"/> Adjust 9.00	
<input type="checkbox"/> Adjust 13.00	
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 2008 (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

 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