

**SOOS CREEK WATER & SEWER DISTRICT
14616 SE 192ND STREET
RENTON, WA 98058
(253) 630-9900**

2024 UTILITY RATE REDUCTION PROGRAM

Soos Creek Water & Sewer District is offering a rate reduction to eligible low-income senior citizens and disabled persons.

The base rate for Soos Creek Water & Sewer District will be reduced 30% for water and/or sewer. The discount does not apply to Metro, actual water consumption, street lighting, surcharges, miscellaneous fees or late charges.

The rate reduction will take effect the billing cycle following application approval. There will be no adjustments for prior months.

WHO QUALIFIES?

In order to qualify, you must be a senior citizen or permanently disabled, **AND** meet the income requirements.

SENIOR

You must be 65 years or older during 2024.

OR

DISABLED

You must be receiving disability payments such as SSA, SSI, SSDI, Veterans

AND

You must receive, and be responsible for the payment of water and/or sewer bills and be living at the address which receives the District's utility services.

AND

Your **Total Household Income** is equal to, or less than **\$47,950**

TOTAL HOUSEHOLD INCOME = the total taxable income of yourself and/or your spouse as filed on your annual IRS income tax return.

HOW TO APPLY:

Application forms are available at www.sooscreek.com or you may call (253) 630-9900 to have the application form mailed to you. It is not necessary that you come into the office to apply for the Utility Rate Reduction Program. Application must be made each year to continue on the Rate Reduction Program.

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2024 UTILITY RATE REDUCTION PROGRAM
APPLICATION FORM

NAME _____

ADDRESS _____

TELEPHONE NO. _____ EMAIL ADDRESS _____

ACCOUNT NO. _____

I am a:

RENTER or HOMEOWNER

AND I am responsible for the payment of water and/or sewer bills.

I meet the following criteria to apply for a reduction on my utility bill:

Annual earnings of \$47,950 or less. (Attach copy of a current income tax return.)

AND

Will be 65 years of age or older in 2024. (Attach proof of age.)

OR

Permanently disabled. (Attach proof of permanent disability.)

The rate reduction will take effect with the billing cycle following application approval. There will be no adjustments for prior months.

I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.

SIGNATURE _____

DATE _____