



**AFFIDAVIT FOR QUALIFICATION FOR LOW INCOME SENIOR or
 DISABLED CITIZENS REDUCED UTILITY RATE
 (SEC 16.12.025 KIRKLAND MUNICIPAL CODE) ORD NO. 3248**

STATE OF WASHINGTON)
) ss.
 COUNTY OF KING)

_____, being first duly sworn on oath desposes and says:
 (Name of person making application - **PLEASE PRINT**)

I hereby apply for the Low Income Senior Citizens or Disabled Reduced Utility Billing Rate as authorized by the Kirkland Municipal Code.

1. I reside in a single-family dwelling, located at:

 (street address)
2. **Note:** *Customer or spouse must be 62 years of age or older or disabled.*
 - a. My age at the time of making this affidavit is _____.
 - b. I am married to _____.
 (Full name of spouse)
 Age of spouse if applicant is not 62 _____.
3. Income received from all sources on a monthly average basis does not exceed:
 - a. **Single** person - **\$2,500.00** gross monthly income
 - b. **Married** couple - **\$2,854.17** gross monthly income
4. ***I have attached to this affidavit documents which verify the income level.***

DATED at Kirkland, Washington, this _____ day of _____, _____.

Applicant's Signature

SUBSCRIBED AND SWORN to me this _____ day of _____, _____.

Notary's Signature

Print Notary's Name

Notary Public in and for the State of Washington,

Residing at _____

My commission expires: _____