



**AFFIDAVIT FOR QUALIFICATION FOR LOW INCOME SENIOR or PERMANENTLY  
DISABLED CITIZENS REDUCED CABLE RATE  
(ORDINANCE NO. 4035)**

STATE OF WASHINGTON                    )  
  ) ss.  
COUNTY OF KING                        )

\_\_\_\_\_, being first duly sworn on oath deposes and says:  
(Name of person making application)

I hereby apply for the Low Income Senior Citizens or Permanently Disabled Reduced Cable Billing Rate as authorized by Ordinance No. 4035.

1. My cable account number is: \_\_\_\_\_
2. I reside at: \_\_\_\_\_  
(street address)

Legal owner/tenant of record at above address (circle one)      Yes      No

3. *Note: Customer or spouse, must be 65 years of age or older or permanently disabled.*

- a. My age at the time of making this affidavit is \_\_\_\_\_.
- b. My date of birth is \_\_\_\_\_
- c. I am married to \_\_\_\_\_.  
(Full name of spouse)

Age of spouse if applicant is not 65 \_\_\_\_\_

d. Disability I.D. # (social security number required if under the age of 65) \_\_\_\_\_

4. Income received from all sources on a monthly average basis does not exceed:

- a. Single person - \$2,458.33 gross monthly income
- b. Married couple - \$2,808.33 gross monthly income

5. **I have attached to this affidavit documents which verify the income level.**

DATED at Kirkland, Washington, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_

SUBSCRIBED AND SWORN to before 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: \_\_\_\_\_