



# LOW-INCOME DISCOUNT PROGRAM APPLICATION FOR DIRECTLY-BILLED CUSTOMERS

6830 NE 185<sup>th</sup> St | Kenmore, WA 98028  
Ph: (425) 398-4402 | Fax: (425) 398-4430 | [billing@nud.net](mailto:billing@nud.net)

## WHO SHOULD USE THIS FORM?

This form applies to **DIRECTLY-BILLED CUSTOMERS**. These are customers who pay their water/sewer bills directly to the District – usually owners/renters of single-family residential properties, or multi-family properties with individual meters. Customers who pay for water/sewer through rent or as a separate charge to a property owner, agent, or third party – usually tenants of apartments, condominiums, or mobile home residences – should fill out the application for **INDIRECTLY-BILLED CUSTOMERS** found at [www.nud.net/LIPD](http://www.nud.net/LIPD).

## BEFORE COMPLETING THE APPLICATION:

Please read the Low-Income Discount Program (LIPD) Guidelines document, found at [www.nud.net/LIPD](http://www.nud.net/LIPD), to ensure you meet required eligibility conditions and can supply required proof of eligibility.

## AFTER COMPLETING THE APPLICATION:

Submit this completed form with all required eligibility documents to [billing@nud.net](mailto:billing@nud.net), or mail to 6830 NE 185<sup>th</sup> St / Kenmore, WA 98028, attention “Billing.”

Our office will contact you to confirm your eligibility and enrollment in the program. *Please contact our office at (425) 398-4402 or [billing@nud.net](mailto:billing@nud.net) if you have any questions about the program or need help completing the application.*

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## APPLICANT INFORMATION

Date: \_\_\_\_\_ Account number: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Applicant service address: \_\_\_\_\_

Applicant mailing address (if different): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Applicant is the owner  / tenant  of property.

## INCOME QUALIFICATIONS

The combined annual income of all household members for the tax year of 2023 cannot exceed 50 percent of the King County Department of Housing and Urban Development (HUD) area median household income calculation as set forth for the number of persons in the household.

**For the 2023-2024 LIDP year, the maximum eligibility amounts are as follows:**

Household Members	1	2	3	4	5	6	7	8
Combined Annual Income	\$47,590	\$54,800	\$61,650	\$68,500	\$74,000	\$79,500	\$84,950	\$90,450

For each adult member of your household (18 years and older), you must provide proof of annual income (Federal Tax Return) and proof of identification (Copy of Drivers' License, State ID Card, Passport). If for some reason any adult member of your household does not file a Federal Tax Return, you must send in documentation supporting **ALL INCOME** received by the adult member. **Applications with no documentation will not be approved.** This documentation could include:

Salaries, Tips, Wages (Form W-2)
Interest or dividends (Form 1099)
Social Security Income (Form 1099)
Railroad Retirement Income (Form 1099)
Pension/Veteran Benefits/Annuities (Form 1099)
Unemployment Benefits (Form 1099)
IRA Withdrawals (Form 1099)
Welfare Benefits
Damage Awards for Physical Injury or Sickness
<b>Any Other Income Not Listed</b>

All sensitive information will be redacted, and hard copy retained in the District's vault for one year, after which time it will be shredded. No electronic copies will be retained.

## STATEMENT OF CERTIFICATION

**I, the undersigned, under penalty of perjury of the laws of the state of Washington do hereby declare and certify:**

- I have read and understand the program guidelines located on the District's website. All the information provided by me on this application is accurate, complete and true to the best of my knowledge.
- I understand that submitting the required documentation does not guarantee eligibility to the program. Such information will, however, be used to determine if I qualify this program.
- I have provided a true and accurate list of income to the District for 2023 for all household members 18 years and older.
- I will promptly notify the District of any change in my financial situation that would disqualify me from receiving the utility discount, or if I should move from the above residence.

- I understand any attempt to falsify my information will result in my disqualification from the program for this year and may subject me to civil or criminal penalties.
- I understand if I receive utility relief and do not disclose all sources of disposable income for household members 18 years and older for 2023, the District may recover the actual cost of my utility bills for the period that I was not eligible to participate in the program.
- **I understand the rate reduction is for February 16, 2024 through February 15, 2025 only and it is my responsibility to re-apply for this program each year.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

**DISTRICT INFORMATION ONLY**

<b>Date Received:</b> _____	<b>Received by:</b> _____
<b>Date Approved:</b> _____	<b>Approved by:</b> _____