

Mayor  
Jeff R. Johnson

17425 Ballinger Way NE  
Lake Forest Park, WA 98155-5556  
Telephone: 206-368-5440  
Fax: 206-364-6521  
E-mail: cityhall@ci.lake-forest-park.wa.us  
www.cityoflfp.com



Councilmembers  
Lorri Bodi  
Tom French  
Phillippa M. Kassover  
Mark Phillips  
E. John Resha III  
Semra Riddle  
John A. E. Wright

## 2021 Application or Renewal for Senior or Disabled Citizen Sewer Discount Program

Please read the entire form before completing. Call us if you have any questions.

Name \_\_\_\_\_ Co-Applicant's Name \_\_\_\_\_

Property Address \_\_\_\_\_ Phone \_\_\_\_\_

LFP Sewer Account #: \_\_\_\_\_

I am applying for:  Senior Discount  Disabled Discount

### Requirements for Senior Citizen Discount or Disabled Citizen Discount

#### Senior Citizen Discount ONLY

- You or your spouse/co-applicant must be at least 62 years of age.
- Must own and reside at the property for at least one (1) year prior to date of application.
- Meet financial eligibility requirements below.

#### Disability Discount ONLY

- You or your spouse/co-applicant must have a disability recognized by the Social Security Administration.
- Must own and reside at the property for at least one (1) year prior to date of application.
- Meet financial eligibility requirements below.

**Please note: Financial eligibility requirements are:**

One person gross income must be less than \$40,500 per year  
Two person gross income must be less than \$46,300 per year

**Please notify the City of Lake Forest Park immediately of any changes in eligibility.**

I hereby apply for the City of Lake Forest Park Low-Income Senior Citizen Discount or Disability Discount as allowed by LFP Resolution 763 or Resolution 1718. By signing below, I do certify under penalty of perjury that to the best of my knowledge all on the information contained herein is true.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

#### City Use Only

Account #: \_\_\_\_\_ Approval Date: \_\_\_\_\_ Effective Billing Month Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

Application Denied Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**City of Lake Forest Park  
2021 Senior or Disabled Citizen Discount  
Income Filing Form**

Please use this form when your only taxable income was one or more of the sources listed below, and you **DO NOT** file a 1040 form. Enter the amount of 2020 income for each item listed below, IF APPLICABLE

- |   |  |
|---|--|
| 1. Gross Social Security Income   | \$ <input style="width: 80%;" type="text"/> per year |
| 2. Gross Income (Wages/Salaries/Tips)   | \$ <input style="width: 80%;" type="text"/> per year |
| 3. Gross Dividend Income  | \$ <input style="width: 80%;" type="text"/> per year |
| 4. Gross Rental Income  | \$ <input style="width: 80%;" type="text"/> per year |
| 5. Gross Taxable Refund (Federal income tax)                                    | \$ <input style="width: 80%;" type="text"/> per year |
| 6. Gross Taxable Interest Income  | \$ <input style="width: 80%;" type="text"/> per year |
| 7. Gross Taxable Retirement Income<br>(Pensions, annuities, IRA, distributions) | \$ <input style="width: 80%;" type="text"/> per year |
| 8. TOTAL GROSS INCOME (Add lines 1-7)   | \$ <input style="width: 80%;" type="text"/>          |

If line 8 is less than the Total Gross Income listed below you should qualify for a discount with the City of Lake Forest Park.

- |                              |                    |
|------------------------------|--------------------|
| Single Applicant             | \$ 40,500 per year |
| Household of two (2) or more | \$ 46,300 per year |

Print Name

Date

Signature

Print Co-Applicant's Name

Co-Applicant's Signature

# People in Household \_\_\_\_\_

**Lake Forest Park's  
List of Acceptable Documentation**

**Senior Applicants ONLY – Proof of Birthdate** (Copy of one of the following)

- Driver's license
- Birth certificate
- Passport
- Any official document with your birth date on it

**Disabled Applicants ONLY – Proof of Disability**

- Social Security Administration Disability Verification Letter

**Proof of Property Ownership** (Copy of one of the following)

- Property Tax Statement
- Property Assessment Card
- If the mortgage company pays your property taxes, then use a copy of the receipt the mortgage company provides.

**Proof of Financial Eligibility** (Copy of one of the following)

- IRS Form 1040, most recent submission
  
- Completed Income Filing Form (page 2 of this form)
  - Complete ONLY if you DO NOT file a 1040 tax return
  - Report income from A sources (example: Social Security, interest, pension, Retirement, rental income, wages, etc.)
  - Must be signed by applicant and spouse (if married)
  
- Form SSA-1099 OR SSA-4926
  - You should receive these each year from Social Security
  - We will need one for you and your co-applicant (if applicable)
  - If you did not receive, please call the Seattle Social Security office at 1-800-772-1213
  - To obtain a copy, either call or go to the Social Security office:

13510 Aurora Ave N, Suite B  
Seattle, WA 98133

**We only need copies of the verifications – PLEASE DO NOT SEND ORIGINALS.**