



**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 deposes and says:  
 (Name of person making application)

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 - \$2,375.00 gross monthly income

b. Married couple - \$2,712.50 gross monthly income

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

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

\_\_\_\_\_  
 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: \_\_\_\_\_