



**SOOS CREEK WATER & SEWER DISTRICT  
14616 SE 192ND ST, RENTON, WA 98058  
(253) 630-9900**

**LOW INCOME SENIOR & DISABLED  
UTILITY RATE REDUCTION PROGRAM  
2026 APPLICATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_  HOMEOWNER  TENANT

Select **ONE** box below that describes your current status, and attach any needed documentation.

STATUS:	DESCRIPTION:	DOCUMENTATION NEEDED:
<input type="checkbox"/> <b>Senior AND Filed Taxes</b>	- I will be <b>65 years</b> of age or older in 2026. - I <b>filed a federal income tax return</b> for the previous year. - My taxable income was <b>\$55,000 or less</b> .	1. <b>Attach proof of age.</b> 2. <b>Attach copy of current income tax return.</b>
<input type="checkbox"/> <b>Senior AND Not Required to File</b>	- I will be <b>65 years</b> of age or older in 2026. - I was <b>not required to file taxes</b> for the previous year. - My taxable income was <b>\$55,000 or less</b> .	1. <b>Attach proof of age.</b>
<input type="checkbox"/> <b>Disabled AND Filed Taxes</b>	- I am <b>permanently disabled</b> . - I <b>filed a federal income tax return</b> for the previous year. - My taxable income was <b>\$55,000 or less</b> .	1. <b>Attach proof of disability.</b> 2. <b>Attach copy of current income tax return.</b>
<input type="checkbox"/> <b>Disabled AND Not Required to File</b>	- I am <b>permanently disabled</b> . - I was <b>not required to file taxes</b> for the previous year. - My taxable income was <b>\$55,000 or less</b> .	1. <b>Attach proof of disability.</b>

I reside at the above address and am responsible for the payment of the water and/or sewer bills of this property.

I understand that the rate reduction will take effect with the billing cycle following application approval, and that there will be no adjustments for prior months.

**I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR INTERNAL USE ONLY**

LAST BILL DATE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

WATER/SEWER: \_\_\_\_\_

APPROVED  DENIED

BY: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SOOS CREEK WATER & SEWER DISTRICT**  
**14616 SE 192ND ST, RENTON, WA 98058**  
**(253) 630-9900**

**LOW INCOME SENIOR & DISABLED  
 UTILITY RATE REDUCTION PROGRAM**

Soos Creek Water & Sewer District offers a utility rate discount to eligible low-income senior citizens and disabled persons.

Participants of the program experience a 30% reduction to their water and/or sewer base rates. The discount does not apply to King County Sewer Treatment charges, actual water consumption, street lighting, surcharges, miscellaneous fees or late charges. Program participants must renew their applications each year to continue on the program.

The rate reduction will take effect the billing cycle following application approval. There will be no adjustments for prior months.

**WHO QUALIFIES?**

The following 3 requirements must be met:

<b>AGE/DISABILITY STATUS</b>	<b>Senior</b> – You must be 65 years or older in 2026.
	Or
	<b>Disabled</b> – You must be receiving disability payments such as SSA, SSI, SSDI, or Veterans.
<b>INCOME</b>	<b>Total Household Income</b> must be equal to or less than <b>\$55,000</b> .  <i>(Total Household Income = the total taxable income of yourself and/or your spouse as filed on your annual IRS income tax return.)</i>
<b>BILL RESPONSIBILITY</b>	You must receive and be responsible for the payment of water and/or sewer bills, and be living at the address which receives the District's utility services.

**HOW TO APPLY:**

Application forms are available at [www.sooscreek.com](http://www.sooscreek.com) or you may call (253) 630-9900 to have the form sent to you. Email your form and documentation to: [genadmin@sooscreek.com](mailto:genadmin@sooscreek.com) or mail it to the District office at: 14616 SE 192nd St, Renton, WA 98058.

Application renewal must be submitted each year to continue on the Rate Reduction Program.