

# 2026

## Rate Reduction Program

Southwest Suburban Sewer District has adopted a program to assist low income households within the district. Households that qualify for assistance should contact the District administrative office at **(206) 244-9575** to obtain the application.

### Who Qualifies?

In order to qualify, you must meet residency and income requirements.

#### 1) Residency and Billing

- You and your spouse/co-applicant must reside at the residence and be able to prove ownership. The low income rate is offered to owners only, and is not applicable on rental property.

- You must reside in the District and receive sewer service from the District.

**AND**

#### 2) Income

- If the **total household income** is equal to or less than the categories listed on the attached income chart, you may be eligible for a reduction of \$ 27.50 per month on your sewer bill, which equals a \$55.00 discount per two-month billing period. Please complete the confidential household income form.

- **Total Household Income** - The total disposable income of yourself, your spouse, and that of any co-tenants. A co-tenant is any person living in or out of the home who makes financial contributions to the household. Some examples of disposable income include:

- Wages, Salaries, and Tips
- Social Security Benefits
- Pension and annuity receipts
- Interest and dividends
- Business income or Rent
- Government Assistance
- IRA Withdrawals

Household income **does not** include:

-The income of a person, (**other than a spouse or co-tenant**), who does not have an ownership interest and lives in the home. However, the applicant must show any rental income or financial contributions that person makes to your household.

-The income of a person who has an ownership interest and lives elsewhere. However, any income that person contributes must be reflected as income on your application.

### **How to Apply:**

Application forms and assistance are available at the District Office. Forms may be obtained by calling **206-244-9575**. Rate Reductions must be renewed on an annual basis or at the time of changes in ownership.

Please complete the application form and worksheets. Call if you need assistance. If this is your first time applying, we encourage you to come into our office so that we may go through your application materials with you. Or you can mail the application and all proof of income statements to the district office at the address below.

Please bring the following items with you:

- 1) Proof of Income - (All that apply) Social Security Statement, Bank Statement, Income Tax Return, W-2 Forms, Pension Statement, SSI Statement, SSDI Statement, etc. (Currently we are looking at 2025 income to qualify for the 2026 discount rate)
- 2) Proof of Residency - Will be determined through use of district records.

Please call if you have any questions. We look forward to working with you.

**Southwest Suburban Sewer District  
17840 DES MOINES MEMORIAL DR S.  
Burien, Washington 98148  
206 244 9575**

SOUTHWEST SUBURBAN SEWER DISTRICT  
17840 DES MOINES MEMORIAL DR S.  
BURIEN, WASHINGTON 98148-1706  
206 244 9575

Visit our Website at [www.SWSSD.com](http://www.SWSSD.com)

APPLICATION FOR RATE REDUCTION PROGRAM - ACCOUNT # \_\_\_\_\_

1. Name(s): \_\_\_\_\_  
\_\_\_\_\_

Single \_\_\_\_\_ Married/co-tenants \_\_\_\_\_

Telephone # \_\_\_\_\_

First time applicant \_\_\_\_\_ Prior Year Participant \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Last 4 digits SS Number(s) \_\_\_\_\_  
\_\_\_\_\_

4. Date(s) of Birth: \_\_\_\_\_

5. Number of months during 2025 that you lived at the above address: \_\_\_\_\_

6. PLEASE PROVIDE INCOME INFORMATION ON THE ATTACHED INCOME WORKSHEET.

7. I certify under the penalty of perjury that all information provided within this rate reduction application is true to the best of my knowledge.

Date: \_\_\_\_\_

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

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

.....  
District Use Only

Approved Reduction: \$ 27.50/Month \_\_\_\_\_ Account # \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature

**SEWER RATE REDUCTION PROGRAM  
INCOME WORKSHEET**  
(Based on previous year's Income)

**Name of Applicant(s)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

<b>2025 Income Source</b>	<b>Applicant</b>	<b>Spouse or Co-applicant</b>	<b>TOTAL INCOME</b>
<b>Social Security ( Incl. Medicare)</b>			
<b>Pension Benefits</b>			
<b>Public Assistance</b>			
<b>Interest/Dividends</b>			
<b>Wages</b>			
<b>Business Income (Net)</b>			
<b>Supplemental Security (SSI)</b>			
<b>Social Security Disability (SSDI)</b>			
<b>Veterans Payments</b>			
<b>IRA Withdrawals</b>			
<b>L &amp; I Disability</b>			
<b>Other (Please List Below) (Rental Income, Child Support, etc.)</b>			
<b>TOTAL INCOME</b>			

**2025**  
**CONFIDENTIAL HOUSEHOLD INCOME**

Place an **>X=** next to your total household income category. (Included but not limited to: wages, salaries, interest, rental income, pensions, social security, child support, etc.) Place another **>X=** next to the number of people residing in your household dependent upon you for support.

Full Name: \_\_\_\_\_

Account #: \_\_\_\_\_

	HOUSEHOLD INCOME		NUMBER IN HOUSEHOLD
	0 To \$33,050		1 Person
	0 To \$37,750		2 People
	0 To \$42,450		3 People
	0 To \$47,150		4 People
	0 To \$50,950		5 People
	0 To \$54,700		6 People
	0 To \$58,500		7 People
	0 To \$62,250		8 People

**All information provided to us will be kept confidential.**