BOUNDARY LAND OWNERS ASSOCIATION
5194 – A, Northport Waneta Rd., Colville WA 99114

Dues Waiver Request

Applicant Name: _____

Parcel Number(s): _____

Property Address: _____

Mailing Address (if different): _____

Phone / Email: _____

I. Purpose of Request

I, the undersigned property owner, hereby request a **waiver of annual dues** assessed by the **Boundary Landowners Association ("BLA")** for the current dues year. This request is made pursuant to the Association's adopted Low-Income Waiver Policy, which authorizes relief for qualifying individuals/persons whose household income falls at or below the **Washington State Poverty Guidelines applicable to Stevens County, Washington** for the relevant calendar year.

II. Certification of Eligibility

By signing below, I certify under penalty of perjury under the laws of the State of Washington (RCW 9A.72.085) that:

1. **My total household income** is at or below the **Washington State poverty threshold for Stevens County** for the current year, as published by the Washington State Department of Social and Health Services (DSHS), Washington State Office of Financial Management (OFM), or other state-recognized poverty-determination authority.
2. I understand that the Association may request **reasonable documentation** to verify eligibility.
3. I understand that any documentation provided will be used **solely for determining dues-waiver eligibility**, will be handled confidentially, and will not be disclosed except as required by law.
4. I understand that approval of this waiver applies **only to the current dues year**, and I must reapply annually if circumstances remain unchanged.

III. Request for Relief

I respectfully request that the Boundary Landowners Association grant a **full waiver of annual dues** for the current year based on my verified low-income status. I acknowledge that all other Association obligations, rules, and responsibilities remain in effect.

IV. Declaration

I declare that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that providing false information may result in denial of the waiver, reversal of any granted waiver, or other remedies available under Washington law and the Association's governing documents.

Signature: _____

Printed Name: _____

Date: _____

V. Association Determination (Internal Use Only)

Application Received: _____

Documentation Provided: Yes / No **Verified Eligibility:** Yes / No

Determination: ☐ Approved – Full Waiver Granted ☐ Denied – Does Not Meet Eligibility Criteria ☐ Additional Documentation Required

Notes:

Authorized Association Representative:

Name: _____

Title: _____

Signature: _____

Date: _____