



CITY OF MILPITAS

WATER FORM 998-B

CERTIFICATION OF FINANCIAL HARDHSIP

ACCOUNT HOLDER INFORMATION		
The section below to be filled out by the Residential Account Holder		
ACCOUNT NUMBER	ACCOUNT HOLDER NAME	
ACCOUNT HOLDER PHONE NUMBER	ACCOUNT HOLDER EMAIL	
SERVICE ADDRESS	PERSON RECEIVING PRIMARY CARE	
Date of bill requesting Payment Arrangement	Amount of bill Payment Arrangement	
Are you (or someone in your household) enrolled in any of the following assistance programs? Check all that apply		
SSI/SSP	<input type="checkbox"/>	SSI/SSP: Social Security Benefits
Medi-Cal	<input type="checkbox"/>	Medi-Cal
CalWORKS	<input type="checkbox"/>	CalWORKS
CalFresh	<input type="checkbox"/>	CalFresh
General Assistance	<input type="checkbox"/>	General Assistance
WIC	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children
FINANCIAL ASSISTANCE CERTIFICATION		
I, the undersigned, declare under penalty of perjury under the laws of the State of California that I am the recipient of the above-indicated assistance, have provided the necessary documentation, and that I am a member of the household at the service address indicated above.		
<div>_____ Assistance Recipient Signature</div> <div>_____ Print Name</div> <div>_____ Date</div>		
WATER ACCOUNT HOLDER CERTIFICATION		
I, the undersigned, declare under penalty of perjury under the laws of the State of California that the above-named recipient of assistance is a member of the household at the service address indicated above.		
<div>_____ Assistance Recipient Signature</div> <div>_____ Print Name</div> <div>_____ Date</div>		

FOR OFFICE USE ONLY		
DATE	RECEIVED BY	COMPLETE