



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	SSI/SSP: Social Security Benefits
Medi-Cal	Medi-Cal
CalWORKS	CalWORKS
CalFresh	CalFresh
General Assistance	General Assistance
WIC	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.

Assistance Recipient Signature

Print Name

Date

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.

Assistance Recipient Signature

Print Name

Date

FOR OFFICE USE ONLY

DATE	RECEIVED BY	COMPLETE