



# CITY OF MILPITAS

## WATER FORM 998-B2 DECLARATION OF HOUSEHOLD INCOME

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									
Date of bill requesting payment extension					Amount of bill requesting Payment Arrangement				
Household Income Guidelines									
Number of People in Household (including children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	Each Additional Person
2024 Maximum Gross Household Annual Income*	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440	\$10,760

\*Source: U.S. Department of Health and Human Services - Poverty Guidelines 2024

DECLARATION OF HOUSEHOLD INCOME:		
I, the undersigned, declare under penalty of perjury under the laws of the State of California that the above information is true and correct.		
Account Holder Signature	Print Name	Date

FOR OFFICE USE ONLY		
DATE	RECEIVED BY	COMPLETE