



# 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

<b>ACCOUNT NUMBER</b>		<b>ACCOUNT HOLDER NAME</b>							
<b>ACCOUNT HOLDER PHONE NUMBER</b>		<b>ACCOUNT HOLDER EMAIL</b>							
<b>SERVICE ADDRESS</b>									
<b>Date of bill requesting payment extension</b>					<b>Amount of bill requesting Payment Arrangement</b>				
<b>Household Income Guidelines</b>									
<b>Number of People in Household (including children)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each Additional Person
1	2	3	4	5	6	7	8		
<b>2024 Maximum Gross Household Annual Income*</b>	\$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