

CERTIFICATION OF FINANCIAL HARDSHIP
NICE MUTUAL WATER COMPANY

THIS SECTION TO BE COMPLETED BY ACCOUNT HOLDER

Account Number _____

Service Address _____

Account Holder Name _____

Number of Members in Household _____

Date of Billing seeking Payment Arrangement _____

Amount of Bill seeking Payment Arrangement _____

1. Which of the following forms of assistance are currently utilized by the household?
 (Only one member of the household need provide proof of assistance to complete this form)

Assistance	Proof Required
Medi-Cal	Notice of action from Lake Co. Human Services Dept.
SSI/SSP	Social Security Benefit verification Letter
CalWorks	Notice of action from Lake Co. Human Services Dept.
CalFresh	Notice of action from Lake Co. Human Services Dept.
General Assistance	Notice of action from Lake Co. Human Services Dept.
WIC	WIC Card + Valid CA ID
(NONE) Entire Household	Declaration of Household Income (Form 998 B2)

 Name of Recipient

2. Certificate of Financial Hardship

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, that I have provided proof of this, and that I am a member of the household of the service address indicated above

 Recipient Name

 Account Holder Name

THIS SECTION TO BE FILLED OUT BY NICE MUTUAL WATER COMPANY STAFF

Date and Time Received

Received & Completed by