



# CERTIFICATION OF FINANCIAL HARDSHIP

## COUNTY SERVICE AREA - FORM 998-B

### ACCOUNT HOLDER INFORMATION

The section below to be filled out by the County Service Area Account Holder

<b>ACCOUNT NUMBER</b>		<b>SERVICE ADDRESS</b>	
<b>ACCOUNT HOLDER NAME</b>		<b>PERSON RECEIVING PRIMARY CARE</b>	
<b>Date of bill requesting payment arrangement</b>		<b>Amount of bill requesting Payment Arrangement</b>	
<b>Which of the following forms of assistance are currently utilized by the household?</b>	Check all that apply	Proof Submitted?	Accepted forms of proof or coverage
<p style="text-align: center;"> <b>MEDI-CAL</b>  <b>SSI/SSP</b>  <b>Cal WORKS</b>  <b>CalFresh</b>  <b>GENERAL ASSISTANCE</b>  <b>WIC</b>  <b>NONE</b> </p> <p style="text-align: center;"><i>If no program assistance, please fill out form 998-B2, the Declaration of Household Income</i></p>			<p>SSI/SSP= Social Security Benefits Verification Letter</p> <p>MEDI-CAL, CALWORKS, CALFRESH, GENERAL ASSISTANCE= Santa Cruz County Human Services Dept. Notice of Action</p> <p>WIC- WIC card + valid CA ID</p>

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

\_\_\_\_\_  
Assistance Recipient Signature

### CSA 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 service address indicated above.

\_\_\_\_\_  
Account Holder Signature

### FOR OFFICE USE ONLY

<b>DATE AND TIME RECEIVED</b>	<b>RECEIVED BY</b>	<b>COMPLETE?</b>