



CERTIFICATION OF FINANCIAL HARDSHIP

GARDEN GROVE WATER FORM 998-B

ACCOUNT HOLDER INFORMATION

The section below to be filled out by the Residential Account Holder

ACCOUNT NUMBER	SERVICE ADDRESS
ACCOUNT HOLDER NAME	PERSON RECEIVING PRIMARY CARE
Date of bill requesting payment arrangement	Amount of bill requesting Payment Arrangement
Are you (or someone in your household) enrolled in any of the following assistance programs?	Accepted forms of proof of coverage
<p>Check all that apply</p> <p>MEDI-CAL <input type="checkbox"/></p> <p>SSI/SSP <input type="checkbox"/></p> <p>Cal WORKS <input type="checkbox"/></p> <p>CalFresh <input type="checkbox"/></p> <p>GENERAL ASSISTANCE <input type="checkbox"/></p> <p>WIC <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p> <p><i>If no program assistance, please fill out form 998-B2, the Declaration of Household Income</i></p>	<div style="border: 1px solid black; padding: 5px;"> <p>SSI/SSP= Social Security Benefits Verification Letter</p> <p>MEDI-CAL, CALWORKS, CALFRESH, GENERAL ASSISTANCE</p> <p>WIC- WIC card + valid CA ID</p> </div>

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 Stigature

Print Name

Date

GARDEN GROVE 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

Print Name

Date

FOR OFFICE USE ONLY

DATE	RECEIVED BY	COMPLETE	PROOF SUBMITTED
			YES <input type="checkbox"/> NO <input type="checkbox"/>