La Cumbre Mutual Water Co.

FORM 998-B

CERTIFICATION OF FINANCIAL HARDSHIP

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 needs to provide proof of assistance to complete this form.)

Assistance	Recipient(s) Name	Proof Required
Medi-Cal		Notice of Action from Santa Barbara Co Social Services Dept.
SSI/SSP		Social Security Benefit Verification Letter
CalWorks		Notice of Action from Santa Barbara Co Social Services Dept.
CalFresh		Notice of Action from Santa Barbara Co Social Services Dept.
General Assistance		Notice of Action from Santa Barbara Co Social Services Dept.
WIC		WIC Card + valid California ID

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 household of the service address indicated above.

Recipient Name

Account Holder Name

THIS SECTION TO BE FILLED OUT BY LCMW STAFF

Date & Time Received	Received By	Completed