

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 need provide proof of assistance to complete this form.)

Assistance	Recipient(s) Name	Proof Required
Medi-Cal		Notice of Action from Ventura Co Human Services Dept.
SSI/SSP		Social Security Benefit Verification Letter
CalWorks		Notice of Action from Ventura Co Human Services Dept.
CalFresh		Notice of Action from Ventura Co Human Services Dept.
General Assistance		Notice of Action from Ventura Co Human Services Dept.
WIC		WIC Card + valid California ID
(None)	All household members	Declaration of Household Income --Form 998-B2

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 CITY STAFF

Date & Time Received	Received By	Completed