n Act SB 998 and I am					
·					
Reason for dispute:					

## Option 2:

stomer Name:	Signature:	in the amount of \$ Signature:	
te:	Jigilatule		
City Staff:			
This request is:   Approved	$\square$ Denied	Date:	
Customer account:	Customer addre	ess:	
Last late fee waived on:	Amount	waived: \$	
Next late fee waiver available on o	r after:		
til I agree to pay deli nderstand that failure to comply wit	inquent charges on or be h this deferment plan r	pefore 11:59 pm on may result in discontinued servi	
til I agree to pay deli nderstand that failure to comply wit ditional details:	inquent charges on or being the charges on the charges of the char	pefore 11:59 pm on may result in discontinued servi	
til I agree to pay deli nderstand that failure to comply wit ditional details:	inquent charges on or being the charges on the charges of the char	pefore 11:59 pm on may result in discontinued servi	
til I agree to pay deli nderstand that failure to comply wit ditional details:	inquent charges on or k h this deferment plan r	pefore 11:59 pm on may result in discontinued servi	
uest deferral of payment on delinque til I agree to pay deli nderstand that failure to comply wit lditional details: stomer Name:	inquent charges on or k h this deferment plan r	pefore 11:59 pm on may result in discontinued servi	
til I agree to pay deli nderstand that failure to comply wit  ditional details:  stomer Name:  te:	inquent charges on or k h this deferment plan r	pefore 11:59 pm on may result in discontinued servi	
til I agree to pay deli nderstand that failure to comply wit lditional details:  stomer Name:  te:	inquent charges on or kent this deferment plan reference plan refe	pefore 11:59 pm on	
til I agree to pay deli nderstand that failure to comply wit  ditional details:  stomer Name:  te:	inquent charges on or being the state of the	pefore 11:59 pm on may result in discontinued servi	

## Option 2, Continued:

• •	due on delinquent charges for bill dated
in the amount of \$	
Customer Name:	Signature:
Date:	
G: C: 15	
City Staff:	Date:
This request is: ☐ Approved ☐ Denied	$\square$ Amortization schedule attached (if applicable
Additional details:	
	stomer address:
Minimum payment to avoid water shutoff: \$	5 Due by:
Remainder of delinquent charges: \$	Due by:

## Option 3:

I am requesting water shutoff protection under the corthe conditions below:	ditions set forth in SB 988. I certify that I meet all
$\square$ My primary care provider has certified that discontine threatening to or pose a serious threat to the health an certification has been provided).	
$\Box$ I am financially unable to pay for the residential servior more of the following reasons (must select at least	
$\Box$ A member of the household is a current recip	ient of (select all that apply):
<ul> <li>□ CalWORKs</li> <li>□ CalFresh</li> <li>□ General Assistance</li> <li>□ Medi-Cal</li> <li>□ Supplemental Security Income / Stat</li> <li>□ California Special Supplemental Nutr</li> </ul>	e Supplementary Payment Program ition Program for Women, Infants and Children
attached.	ame year of this certification. Dated certification
☐ I am willing to enter into a plan for deferred paymen  Customer Name:Signa	
Date:	
City Staff:	
This request is: ☐ Approved ☐ Denied	Date:
If applicable:   Amortization schedule attached	I ☐ Income certification attached
Additional details:	
	mer address:
	Due by:
Kemainder of delinquent charges: \$	Due by:

Amortization Schedule:		
Original due date:	Delinquent due date:	Delinquent amount: \$
Customer Account:	Customer Address	:
Customer Phone:		
No. of Payments	Payment Amount	Payment due date
1.	\$	
2.	1 7	
3.		
4.		
5.	I <del>Y</del>	
6.	\$	
7.		
8.	\$	
9.	\$	
10.	\$	
11.	1 \$	
12.		
I agree to follow this paym	ent amortization schedule for del ccur. I understand that failure to c	inquent charges and to remain current wit
Customer Name:	Customer Sign	nature:
Staff Approval:		<del></del>

2021 POVERTY GUIDELINES – For families/households with more than 8 persons, add \$4,540 for each additional person.

PERSONS IN FAMILY /	FEDERAL POVERTY	LESS THAN 200 PERCENT OF
HOUSEHOLD	GUIDELINE	FEDERAL POVERTY
1	\$ 12,880	\$ 6,440
2	\$ 17,420	\$ 8,710
3	\$ 21,960	\$ 10,980
4	\$ 26,500	\$ 13,250
5	\$ 31,040	\$ 15,520
6	\$ 35,580	\$ 17,790
7	\$ 40,120	\$20,060
8	\$ 44,660	\$11,030
Source: aspe.hhs.gov		

Date: