

ACCOUNT HOLDER INFORMATION

The section below to be filled out by the City of Antioch Water Account Holder

ACCOUNT NUMBER	SERVICE ADDRESS
ACCOUNT HOLDER NAME	PERSON RECEIVING ASSISTANCE

WHICH OF THE FOLLOWING FORMS OF ASSISTANCE ARE CURRENTLY UTILIZED BY THE HOUSEHOLD

	Check all that apply	Proof Submitted	ACCEPTED PROOF OF COVERAGE
MEDI-CAL	<input type="checkbox"/>	<input type="checkbox"/>	SSI/SSP = Social Security Benefits Verification Letter
SSI/SSP	<input type="checkbox"/>	<input type="checkbox"/>	
Cal WORKS	<input type="checkbox"/>	<input type="checkbox"/>	MEDI-CAL, CALWORKS, CALFRESH, GENERAL ASSISTANCE = BENEFIT LETTER FROM CONTRA COSTA COUNTY EHSD
CalFresh	<input type="checkbox"/>	<input type="checkbox"/>	
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
WIC	<input type="checkbox"/>	<input type="checkbox"/>	WIC = WIC Card + valid CA ID
NONE	<input type="checkbox"/>	<input type="checkbox"/>	

If NONE, please fill out form 998-B2, the Declaration of Household Income

FINANCIAL ASSISTANCE CERTIFICATION

I, the undersigned declare that I am the recipient of the above-indicated assistance, I have provided proof of this and that I am a member of the household of the service address indicated above.

Assistance Recipient Signature

Date

WATER ACCOUNT HOLDER CERTIFICATION

I, the undersigned declare that the above named recipient of assistance is a member of the household at the service address indicated above. I understand that I must recertify this information annually.

Account Holder Signature

Date

FOR OFFICE USE ONLY

DATE AND TIME RECEIVED	RECEIVED BY	COMPLETED BY