



CERTIFICATION OF FINANCIAL HARDSHIP

C.O.W. FORM 998-B



ACCOUNT HOLDER INFORMATION

The section below to be filled out by the C.O.W. Utility 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	
Which of the following forms of assistance are currently utilized by the household?	Check all that apply	Proof Submitted?	Accepted forms of proof or coverage
<div>MEDI-CAL <input type="checkbox"/></div> <div>SSI/SSP <input type="checkbox"/></div> <div>Cal WORKS <input type="checkbox"/></div> <div>CalFresh <input type="checkbox"/></div> <div>GENERAL ASSISTANCE <input type="checkbox"/></div> <div>WIC <input type="checkbox"/></div> <div>NONE <input type="checkbox"/></div> <div>If no program assistance, please fill out form 998-B2, the Declaration of Household Income</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<div>SSI/SSP= Social Security Benefits Verification Letter</div> <div>MEDI-CAL, CALWORKS, CALFRESH, GENERAL ASSISTANCE= Santa Cruz County Human Services Dept. Notice of Action</div> <div>WIC- WIC card + valid CA ID</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 Signature

UTILITY 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

FOR OFFICE USE ONLY

DATE AND TIME RECEIVED	RECEIVED BY	COMPLETE?



DECLARATION OF HOUSEHOLD INCOME

C.O.W. FORM 998-B2



HOUSEHOLD INFO

Household Income Guidelines									
Effective January 11, 2019									
Number Of People In Household (Select one)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	Each additional person
Maximum Gross Household Income	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240	\$8,960

LIST OF HOUSEHOLD INCOME (List all household currently residing at the service address, regardless of their earning status.

Unearned income may include any monies from spouse/partner, SSI/SSD, welfare benefits, unemployment, student grants, rental income, interest, dividends, cash and/or gifts.)

Current Household Members (Last name, First name)	Relationship	Age	Employed?	Employment Income (Monthly)	Unearned Income (Monthly)
1.	Head of Household			\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$
6.				\$	\$
7.				\$	\$
8.				\$	\$
Combined Employment and Unearned Income Total					\$ 0

DECLARATION OF HOUSEHOLD INCOME (All Household members 18 years of age or older must sign this declaration)

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the above information is true and correct

Print Name	Relationship	Signature
1.	Head of Household	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

FOR OFFICE USE ONLY

DATE AND TIME RECEIVED	RECEIVED BY	COMPLETE?