



**REQUEST FOR HARDSHIP PAYMENT ARRANGEMENT**

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Service Address: \_\_\_\_\_

The City of Dixon Residential Water Shutoff Policy requires the customer to meet certain medical and financial conditions to be considered for Payment Arrangements and agree to the payment arrangements in writing.

I am requesting payment arrangement for my past due water bill charges due to medical and financial need. I certify that I meet the following conditions (check off the applicable items):

Medical:

\_\_\_\_\_ I am submitting certification from my primary care provider that discontinuation of water service will be life threatening to, or pose a serious threat to the health and safety of, a resident on the premises where residential service is provided. **(Attach certification to this form)**

AND

Financial:

\_\_\_\_\_ A member of my household is a current recipient of CalWORKs, CalFresh, general assistance, Medi-Cal, Supplemental Security Income/State Supplementary Payment Program, or California Special Supplemental Nutrition Program for Women, Infants, and Children.

\_\_\_\_\_ I declare under penalty of perjury that my household annual income is less than 200 percent of the federal poverty level. **(see chart)**

200% Level of 2020 Poverty Guidelines as of January 25, 2020	
Persons in Family/Household	Poverty Guideline
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
For families/households with more than 8 persons, add \$8,960 for each additional person.	

By signing this form I certify that I meet above qualifications for a payment arrangement for my residential water service account at the City of Dixon and further acknowledge that I have read and understand the City's Residential Water Shutoff Policy at [www.cityofdixon.us/water](http://www.cityofdixon.us/water) .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date