

Income Certification Form

EMWD Assist provides low-income customers who also have a signed medical certificate from their primary care provider with extended payment amortization options to help them avoid discontinuation of residential water service.

Customer Information

Customer Name _____ EMWD Account Number _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Phone Number _____

Please select which program you are enrolled in and attach proof of enrollment:

- | | |
|---|---|
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> CalFresh (Food Stamps) | <input type="checkbox"/> Medi-Cal/Medicaid |
| <input type="checkbox"/> CalWORKs (TANF)[1] or Tribal TANF | <input type="checkbox"/> Medi-Cal for Families A & B |
| <input type="checkbox"/> CARE Program through SCE or SoCal Gas | <input type="checkbox"/> National School Lunch Program (NSLP) |
| <input type="checkbox"/> Head Start Income Eligible – Tribal Only | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Women, Infants & Children (WIC) | |
| <input type="checkbox"/> Other: I do not have proof of enrollment. However, I declare that total household income is less than 200 percent of the federal poverty level.* | |

Customer Signature _____ **Date** _____

Attention: Please do not submit any sensitive data such as social security number, drivers license number, birthdate, medical condition, or other protected data. EMWD reserves the right to verify information submitted on this form.

**Guidelines effective June 1, 2019 to May 31, 2020. Upper limit calculation is equal to 200 percent of Federal Poverty Guidelines. If customer is recently unemployed, the total annual household income will be calculated from the date of customer's unemployment.*