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:

- □ Bureau of Indian Affairs General Assistance
- □ CalFresh (Food Stamps)
- □ CalWORKs (TANF)[1] or Tribal TANF
- □ CARE Program through SCE or SoCal Gas
- □ Head Start Income Eligible – Tribal Only
- □ Women, Infants & Children (WIC)
- □ 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.