



Finance Department

1001 W Center St Suite D Manteca CA 95337

Phone (209) 456-8740 • Fax (209) 923-8930 • Email utilitystart@manteca.gov

FORM 998-B

Certification of Financial Hardship

THIS SECTION TO BE FILLED OUT BY ACCOUNT HOLDER

Account Number

Service Address

Account Holder Name

Number of Members in Household

Date of Bill seeking Payment Arrangement

Amount of Bill Seeking Payment Arrangement

1. Which of the following forms of assistance are currently utilized by the household? (Only one member of the household need to provide proof of assistance to complete this form.)

Assistance	Recipient Name	Proof Required
Medi-Cal		Notice of Action from SJ Co Human Services Dept
Calworks		Social Security Benefit Verification Letter
CalFresh		Notice of Action from SJ Co Human Services Dept
General Assistance		Notice of Action from SJ Co Human Services Dept
WIC		WIC Card + Valid California ID
(None)		Declaration of Household Income – Form 998-B2

2. Certificate of Financial Hardship

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, that I have provided proof of this, and that I am a member of household of the service address indicated above.

Recipient Name

Account Holder Name

Account Holder Phone Number

Account Holder Email Address

THIS SECTION TO BE FILLED OUT BY CITY STAFF