

# DESERT WATER



## REQUEST FOR PAYMENT PLAN DUE TO MEDICAL AND FINANCIAL HARDSHIP (Health & Safety Code § 116910)

Customer Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & ZIP Code: \_\_\_\_\_

Please use this form if you have received notice that your water account at the above address is past due and subject to discontinuation. To receive a payment plan and avoid discontinuation of service, you must:

- \_\_\_\_\_ Attach a certification from a licensed primary care provider\* stating that discontinuation of water service will be life threatening or pose a serious threat to the health and safety of a resident living at the above address;
- \_\_\_\_\_ Certify that you are unable to pay for service within the normal payment period. You may satisfy this requirement in one of two ways:
- \_\_\_\_\_ (1) Please mark here if your household's annual income is below 200 percent of the federal poverty level.
  - \_\_\_\_\_ (2) Please mark here and attach proof if a current member of your household participates in one of the programs listed below\*\*; AND
- \_\_\_\_\_ Agree to participate in a payment plan, which may include an extension, amortization agreement (payment schedule), or alternative payment schedule with respect to all charges that are delinquent.

### CERTIFICATION

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT THE FACTS CONTAINED WITHIN THIS REQUEST FORM ARE TRUE AND CORRECT. I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION NEEDED TO PROCESS THIS FORM.

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

Printed Name: \_\_\_\_\_

\*Attach certification from licensed primary care provider. A licensed primary care provider includes an internist, general practitioner, obstetrician-gynecologist, pediatrician, family practice physician, licensed physician's assistant, primary care clinic, rural health clinic, community clinic or hospital outpatient clinic.

\*\*Eligible programs are: CalWORKs, CalFresh, general assistance, Medi-Cal, Supplemental Security Income/State Supplementary Payment Program, and California Special Supplemental Nutrition Program for Women, Infants and Children.

Return completed request via fax, email or physical delivery.  
Desert Water Agency's Operation Center, 1200 Gene Autry Trail South, Palm Springs, CA 92264  
[customerservice@dwa.org](mailto:customerservice@dwa.org) • Fax (760) 325-6505

Questions: Please contact Customer Service (760) 323-4971 ext. 129