

Certification of Primary Care Provider

CITY OF ROHNERT PARK UTILITY BILLING

THIS SECTION TO BE FILLED OUT BY ACCOUNT HOLDER

Account Number

Service Address

Account Holder Name

Person Receiving Primary Care

Date of Bill Seeking Payment Arrangement

Amount of Bill Seeking Payment Arrangement

I, the account holder, certify under penalty of perjury that the above-named person receiving primary care resides at the service address.

Account Holder Signature

Phone Number

THIS SECTION TO BE FILLED OUT BY PRIMARY CARE PROVIDER

Name of Primary Care Provider

Name of Clinic or Medical Facility

Clinic Address

Clinic Phone Number

National Provider Identifier

Person Receiving Primary Care

I, the primary care provider, certify under penalty of perjury that I provide care to the above-named person and that discontinuation of water service to this person would pose a serious threat to his or her health and safety.

Primary Care Provider Signature

THIS SECTION TO BE FILLED OUT BY CITY STAFF

Date & Time Received	Received By	Completed By

Certification of Financial Hardship

CITY OF ROHNERT PARK UTILITY BILLING

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 needs to provide proof of assistance to complete this form.)

Assistance	Recipient Name	Proof Required
Medi-Cal		Notice of Action from Sonoma Co Human Services Dept
CalWORKs		Notice of Action from Sonoma Co Human Services Dept
CalFresh		Notice of Action from Sonoma Co Human Services Dept
General Assistance		Notice of Action from Sonoma 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 the household of the service address indicated above.

Recipient Name

Account Holder Name

THIS SECTION TO BE FILLED OUT BY CITY STAFF

Date & Time Received	Received By	Completed By

Declaration of Household Income

CITY OF ROHNERT PARK UTILITY BILLING

THIS SECTION TO BE COMPLETED BY ACCOUNT HOLDER

Household Income Guidelines
Effective February 1, 2020

Number of People in Household	1	2	3	4	5	6	7	8	Each additional person
Maximum Gross Household Income	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$8,840

LIST OF HOUSEHOLD INCOME

List all household members currently residing at the service address, regardless of their earning status. Unearned income may include any monies from spouse/partner, SSI/SSD, welfare benefits, unemployment, student grants, rental income, interest, dividends, cash, and/or gifts

Current Household Members (Last Name, First Name)	Relationship	Age	Employed? (Yes/No)	Employment Income (Monthly)	Unearned Income (Monthly)
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Employment and Unearned Income Totals:					

DECLARATION OF HOUSEHOLD INCOME (All household members 18 years of age or older must sign this declaration)
I, the undersigned, declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Print Name	Signature	Relationship
1.		Head of Household
2.		
3.		
4.		
5.		
6.		
7.		
8.		

THIS SECTION TO BE COMPLETED BY CITY STAFF

Date & Time Received	Received By	Completed By

Agreement for Payment Arrangement CITY OF ROHNERT PARK UTILITY BILLING

THIS SECTION TO BE COMPLETED BY ACCOUNT HOLDER

The following payment arrangement is proposed between City of Rohnert Park and the account holder named below. The account holder must sign this agreement for the payment arrangement to take effect.

Account Number

Service Address

Account Holder Name

Date & Amount of Bill Seeking Payment Arrangement

Payment Arrangement Schedule			
#	Minimum Payment Amount	Due By (Date)	Remaining Balance After Payment
1.			
2.			
3.			
4.			
5.			
6.			

- Per section 116910.(b)(2) of the California Health & Safety Code, City staff may choose the payment option the account holder undertakes and may set the parameters of that payment option.
- Payment arrangements or alternative payment schedules may only be made between City staff and the account holder.
- An account holder may only have one payment arrangement or alternative payment schedule per account at a time.
- A payment arrangement or alternative payment schedule shall be considered null and void if any part of it is not kept for 60 calendar days or more, or if water charges contained in current bills are not paid for 60 days or more.
- Current utility bill amounts must be paid in full by the billing date. Payment Arrangement amounts may be paid ahead of schedule or in excess of the scheduled amount. All payments will apply against the oldest charges first. Failure to pay current bill amounts by the bill's due date will result in shut-off of service as soon as those amounts are 60 days overdue.

I, the account holder, agree to the payment arrangement described above.

Account Holder Signature

Date

THIS SECTION TO BE COMPLETED BY CITY STAFF

Date & Time Received	Received By	Completed By