



City of Waterford
101 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION
FINANCIAL HARDSHIP PROGRAM
 Please Type or Print

Date Submitted (Time Stamp):

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For the City of Waterford to properly evaluate, process, and issue a Financial Hardship Payment Arrangement Plan, the Application Form must be filled out completely with documentation that provides proof of your hardship. Your application will be returned or denied if there is any missing information or insufficient documentation.

Where a customer has a reasonable inability to pay due to any of the below reasons, and when documented and approved by the Administrative Services Director, the customer will be offered a payment plan in accordance with their individual circumstances on a case by case basis. While on a Payment Arrangement Plan no new late fees will apply. To extend the payment plan term the customer must re-apply at the end of the plan period.

When a customer's circumstances have changed, or one payment is missed, the customer will be removed from the hardship program, and late fees and disconnection of service may occur.

APPLICANT INFORMATION

NAME

SERVICE ADDRESS

CONTACT PHONE NUMBER	EMAIL ADDRESS
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HARDSHIP	<input type="checkbox"/> LOSS OF EMPLOYMENT <input type="checkbox"/> FAMILY INCOME DISRUPTION <input type="checkbox"/> NATURAL DISASTER <input type="checkbox"/> CLOSE FAMILY DEATH <input type="checkbox"/> ILLNESS (Including physical incapacity, or hospitalization) <input type="checkbox"/> OTHER _____
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REASON FOR HARDSHIP

FOR DEPARTMENT USE ONLY	REVIEW DATE
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PAYMENT TERMS

START DATE	END DATE
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ADMINISTRATIVE SERVICES DIRECTOR

APPLICANT ACKNOWLEDGEMENT (SIGNATURE)
