



Helix
WATER DISTRICT

7811 University Ave.
La Mesa, CA 91942

Setting Standards of
Excellence in Public Service

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

Customer Name: _____

Address: _____ Acct # _____

Please use this form if your account at the above address is past due and subject to discontinuation. To receive a payment plan and avoid discontinuation of service, **all three (3) requirements must be satisfied:**

- 1. Discontinuation of water service will be life threatening or pose a serious health and safety threat to a resident living at the address and you have provided a certification from a licensed primary care provider* stating this;
- 2. You are financially unable to pay within the normal payment period. You may satisfy this requirement in one of two ways:
 - ___ (a) Please mark here if your household's annual income is below 200 percent of the federal poverty level.
 - ___ (b) Please mark here and **attach proof** if a current member of your household participates in CalWORKs, CalFresh, general assistance, Medi-Cal, Supplemental Security Income/State Supplementary Payment Program, and California Special Supplemental Nutrition Program for Women, Infants and Children; AND
- 3. You agree to participate in a payment plan, which may include an extension, amortization agreement, 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 (must be on provider's letterhead).** 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.

