

FINANCIAL HARDSHIP CERTIFICATE

If you are seriously ill as defined in BWSC's Billing, Termination and Appeal Regulations, or if you and all members of your household are sixty five years or older, you may be eligible to stay termination of your water service ore resume water service terminated for non-payment. If you think you may qualify, please fill out this from, provide the required documentation and return it to Boston Water and Sewer Commission, Customer Service Department.

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ BWSC Account Number _____

Photo Identification _____

If you are a residential tenant, proof of residency at the premises scheduled for termination is required.

I receive a benefit under one of the following programs (please check all that apply):

Acceptance letters from the certifying agency are required:

- _____ Supplemental Social Security Income
- _____ Transitional Aid to Families with Dependent Children (TAFDC)
- _____ Emergency Aid to Elderly, Disabled and Children (EAEDC)
- _____ Food Stamps/SNAP
- _____ MassHealth Basic and Standard (Medicaid)

Eligibility letters are required:

- _____ Refugee Resettlement Benefits
- _____ Low Income Home Energy Assistance (LIHEAP) (Fuel Assistance)
- _____ Head Start
- _____ National School Lunch or Breakfast Program
- _____ Senior Pharmacy Program
- _____ Mass. Veterans Benefits (GLC. 115)
- _____ Dependency and Indemnity Compensation (DIC) for Surviving Parents of Veterans
- _____ Improved Veterans Disability Pension

I certify each of the following to be true. I receive assistance benefits under program(s) checked above. I authorize the agency responsible for benefit(s) being received to release information on this application to the Boston Water and Sewer Commission (BWSC). I authorize the administrator of the program checked above to notify the BWSC in the event that my benefits are terminated. I also understand that I am required to notify BWSC if my benefits end.

Signature _____ Date _____

For BWSC Use Only:

Application Taken By: _____ Date _____