



CERTIFICATION OF FINANCIAL HARDSHIP

Please complete this form to apply for financial hardship resulting from loss of income related to COVID-19. Approval of this application will temporarily waive fines, penalties, and interest accrued for failure to pay charges incurred from March 17 to September 30, 2020.

Forms may be emailed to utilitybilling@cityoflivermore.net, faxed to 925-960-4319, or mailed to: City of Livermore Finance Department, 1052 South Livermore Avenue, Livermore, CA 94550. Forms must be received by September 30, 2020.

Account Holder Name: _____

Service Address: _____

Account Type	Account #	Payment Arrangement Requested (Check One)			
		3 mos.	6 mos.	9 mos.	12 mos.
Business License					
Livermore Sewer Service					
Livermore Municipal Water					

Only properties that receive a monthly City of Livermore water or sewer service bill are eligible to apply for financial hardship assistance for their service charges. Properties located within Cal Water's service area can call (925) 447-4900 for information on payment arrangements for their water bill.

I cannot pay the above-listed payments because (check all that apply):

I have experienced a substantial decrease in household income as a result of the COVID-19 pandemic;

I have experienced a substantial decrease in business income as a result of the COVID-19 pandemic;

I have experienced substantial out-of-pocket medical expenses as a result of the COVID-19 pandemic

“Substantial decrease in household income” includes, but is not limited to income loss caused by COVID-19 illness or caring for a household or family member with COVID-19 illness, work closures, layoffs, job loss, a reduction in the number of compensable hours or other economic or employer impacts of COVID-19, missing work due to provide childcare in response to a minor child’s school or day care closure due to COVID-19 impacts, compliance with government health authority orders, or other similarly-caused reason resulting in loss of household income due to COVID-19.



“Substantial decrease in business income” includes, but is not limited to, income loss caused by work closures, reduction in staff reporting to work, reduction in opening hours, or reduction in customer demand, compliance with government health authority orders, or other similarly-caused reason resulting in loss of business income due to COVID-19.

I declare under penalty of perjury under the laws of the United States of America, and the laws of the State of California, County of Alameda, and the City of Livermore that the foregoing is true and correct.

Executed on (date): _____

Signature: _____

For Office Use Only

Date Received:

Received By: