

Morongo Valley Community Services District
Request for Fee Waiver

Low-income residents and/or tenants of Morongo Valley with balances over \$500 may request a fee waiver from the General Manager. Persons must meet the Federal Poverty Guidelines. Applicants are limited to two (2) fee waivers per calendar year.

Directions to Applicant: Send this completed form along with proof of residency, income verification and a copy of your state ID.

First and Last Name

Address

Phone Number

Email

I request a waiver for the following reason: (Check 1 or 2)

1. I receive the following type(s) of public assistance:
- Food Assistance Program through the State of California (SNAP)
 - Medicaid / Medicare
 - Women, Infants, and Children benefits (WIC)
 - Supplemental Security Income through the federal government (SSI)
 - Other: _____
2. I am unable to pay the fees:
- My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
- The number of people in my household is _____
- My source of income is _____
3. Currently participate in the Voluntary Revenue Plan:
- Yes
 - No

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Morongo Valley Community Services District
Request for Fee Waiver Determination

1. If Recovery bill is waived because:
- a. Your gross household income is under the federal poverty guidelines.
 - b. Your gross household income is above the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - c. Other: _____
2. The fee waiver request is denied because:
- a. Your gross household income is above the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - b. Other: _____

Date

General Manager Signature