



Beaumont-Cherry Valley Water District

**Self-Certification Form / Payment Plan request**

This form is intended to be filled out by an account holder requesting an extension on their current utility bill. This is a declaration of financial need and is required for any extension, amortization, or payment plan. Requests are reviewed on a case-by-case basis, taking in consideration payment history and the outstanding balance, based on the policy set forth by "Part 6-Customer Account Billing and Collections" of the District Rules and Regulations available at <https://bcvwd.org/documents/sb-998/>.

*Please note, any plan agreed upon using this form is for the current balance only. All future balances must be paid by their original due date, or the plan is nullified. There can only be one active plan at any given time. This certification will be kept on file for 12 months.*

Date of Request: \_\_\_\_\_ Name of Account Holder: \_\_\_\_\_

Account #: \_\_\_\_\_ Property Address: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Original Due Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

***Customers (consumers) will be contacted within 10 days of submitting this application to discuss payment options. Once an approved option is in place, a notice confirming the agreement will be either emailed or mailed to the account holder of record.***

---

By signing below I am certifying that I am financially unable to pay for residential service within the Beaumont-Cherry Valley Water District's normal billing cycle.

I, or a member of my household, is a current recipient of CalWORKS, CalFresh, general assistance, Medi-Cal, Supplemental Security Income/State Supplementary Payment Program, or California Special Supplemental Nutrition Program for Women, Infants, and Children, or the household's annual income is less than 200 percent of the federal poverty level.

I am aware that I am responsible for the full balance that is due over the course of the alternative payments schedule. Any due date generated by my payment plan is independent of all other billings issued by the District.

X \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

Please submit your completed request via email to [info@bcvwd.org](mailto:info@bcvwd.org); via fax to (951) 845-8581 or to the District office at 560 Magnolia Avenue, Beaumont, CA 92223.