



**Boston Water and Sewer Commission**  
 980 Harrison Avenue  
 Boston, MA 02119-2540

## 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 or resume water service terminated for non-payment. If you think you may qualify, please fill out this form, provide the required documentation and return it to Boston Water and Sewer Commission, Customer Service Division.

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
- Mass. Health Basic and Standard (formerly Medicare)

*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. 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 the BWSC if my benefits end.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For BWSC Use Only:**

Application Taken By: \_\_\_\_\_ Date \_\_\_\_\_