

STATE WATER RESOURCES CONTROL BOARD
CALIFORNIA EXTENDED WATER AND WASTEWATER
ARREARAGE PAYMENT PROGRAM
REPORTING REQUIREMENTS CERTIFICATION FORM

Legal Entity Name:	
Funding ID:	

Payment Allocation Details - Please enter dollar amounts with cents into all cells in the following table. Do not leave a cell blank, enter a zero (0) if no funds were received or used. Forms with any blank cells will be considered incomplete.

Customer Type	Amount (\$) Received from Program	Number of Accounts Credited	Amount (\$) Credited / Used	Amount Overpaid and Returned to State
---------------	-----------------------------------	-----------------------------	-----------------------------	---------------------------------------

Drinking Water Original Covid Period of March 4, 2020 - June 15, 2021				
Residential				
Commercial				
Drinking Water Modified Covid Period of June 16, 2021 - December 31, 2022				
Residential				
Commercial				
Subtotal of Drinking Water				
Subtotal				

Wastewater Original Covid Period of March 4, 2020 - June 15, 2021				
Residential				
Commercial				
Wastewater Modified Covid Period of June 16, 2021 - December 31, 2022				
Residential				
Commercial				
Subtotal of Wastewater				
Subtotal				

REPORTING REQUIREMENTS CERTIFICATION FORM

Legal Entity Name:	
Funding ID:	

Customer Type	Amount (\$) Received from Program	Number of Accounts Credited	Amount (\$) Credited / Used	Amount Overpaid and Returned to State
---------------	-----------------------------------	-----------------------------	-----------------------------	---------------------------------------

Subtotal of Drinking Water + Wastewater				
Subtotal				
Administrative Costs				
Admin Costs		N/A		

Grand Total and Amount Returned to the State				
Grand Total				

Mailing Address for returned checks:

State Water Resources Control Board
 Division of Financial Assistance
 Extended Water Arrearage Program
 1001 I Street, 17th Floor
 Sacramento, CA 95814

Certification: I certify under penalty of perjury that I have credited customer accounts within 60 days from receiving funding as identified on the Table above. I agree to return any overpaid amounts, including the amount overpaid identified in the Table above, to the State Water Resources Control Board (State Water Board) within six months from receipt of funding.

I acknowledge that the State Water Board may require me to provide additional verification of reporting requirements at any time up to seven years following final reporting in conjunction with the California Extended Water and Wastewater Arrearage Payment Program.

Name:	
Title:	
Signature:	
Date:	