



## Project Help – Customer Support Program Application for Assistance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_\_) \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS:

To be eligible for assistance you must:

- ❖ Be a customer of the PUD, with an active account in your name.
- ❖ Have received a past due notice for your water service.
- ❖ Provide documentation that household income is \$40,000 or less, or are economically affected by COVID-19 and can provide documentation of unemployment status.

**Note: Assistance is limited to available funds.**

Please attach required documents to this form:

- ✓ Copy of your past due notice.
- ✓ Copy of your most recent federal income tax return (other documentation will be accepted in lieu of tax return if one is not available).
- ✓ Proof of unemployment.

I do hereby certify that all the information I have provided is **true and complete** to the best of my knowledge. I understand any false or misrepresented information I have provided may cause denial of assistance.

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

**FOR OFFICE USE ONLY:**

Eligibility Verified: Yes \_\_\_\_\_ No \_\_\_\_\_

By: \_\_\_\_\_ Authorization: \_\_\_\_\_