

**UTILITY RELIEF ASSISTANCE PROGRAM
APPLICATION – CERTIFICATION OF
FINANCIAL HARDSHIP RELATED TO COVID-19**



CUSTOMER INFORMATION:

Name(s): _____ Phone No.: _____

Service Address: _____

Mailing Address (If different from service address): _____

E-Mail Address: _____

COVID-19 RELATED HARDSHIPS:

A. HOUSEHOLD HARDSHIPS RELATED TO COVID-19

Since March 2020, household expenses increased by approximately \$_____ per month (permanently or temporarily) for the following COVID-19 related reasons ***(check all that apply)***:

- School or daycare closed under the State of Emergency which increased childcare, food, and other related costs.
- One or more household members worked or are working extra hours to respond to COVID-19 emergency, increasing childcare or transportation costs.
- Extra medical costs related to COVID-19.
- Other: _____

B. INCOME HARDSHIPS RELATED TO COVID-19

One or more of the adults in the household who contribute to the payment of utilities:

(check all that apply)

- Showed symptoms of or tested positive for COVID-19, or was required to provide care for a family member or relative who showed symptoms of or tested positive for COVID-19, or was forced to self-quarantine due to close contact with someone who tested positive for COVID-19.
- Was laid off or lost a job when our place of employment closed.
- Worked fewer hours when our place of employment either closed or reduced worker hours due to the states of emergency.
- Earned less income (if self-employed or an independent contractor) due to a reduction in work due to the state of emergency.
- Had to leave a job or had reduced hours because schools were closed and had no childcare.
- Experienced some other impact from COVID-19. Please describe:

C. OTHER FINANCIAL HARDSHIP

Since March 1, 2020, my household has suffered financial hardship directly related to the COVID-19 public health emergency, as described below (*explain if applicable*):

Attach additional pages if necessary.

D. CERTIFICATION OF FINANCIAL HARDSHIP

The undersigned hereby certify and attest that:

- 1) Because of the loss of income and/or increase in expense(s) described above, my household cannot pay the utilities payments due and have enough money left to pay for rent, food, medical and related expenses, health insurance premiums, child care, and job-related transportation expenses.
- 2) The non-payment of utilities due is caused by a financial impact from COVID-19 as described above.
- 3) My household has paid partial utilities, to the extent it can, considering the financial hardship(s) noted above.
- 4) The information provided in this form is a true and accurate statement of the financial hardship my household has experienced related to COVID-19.

(If you sign this form, all of the above statements under Section D must be true.)

SIGNATURE

This document is a formal application for utility debt relief through federal stimulus funding (“CARES Funds”) under Section 601(a) of the Social Security Act, as amended by Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act and Section V and VI of the CARES Act (“CARES Act”) for the limited purposes identified in the Interagency Agreements between the Washington State Department of Commerce and Public Utility District No. 1 of Thurston County (TPUD). If it is determined during the course of any subsequent audit by the PUD, the State of Washington or the United States Government, that the utility customer was not entitled to any CARES funds that they received either in error or by false attestation, the customer will promptly reimburse the PUD for such payments upon request or have the amount added to their utility account balance. By submitting the application, the applicant consents for TPUD to disclosure and release of all information gathered during the application process and details of any award granted.

I SWEAR UNDER PENALTY OF PURJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED AND ATTESTED AS TRUE, as of the date set forth below:

Customer Signature: _____ **Date:** _____

Printed Name: _____