

COVID-19 FINANCIAL ASSISTANCE APPLICATION

The City recognizes there is a substantial need for city utility bill (water/sewer/storm) financial assistance for our residents. The City is allocating \$25,000 for city utility bill relief along with instituting a community donation program.

Please understand there is a limited amount of funding and once depleted assistance will no longer be available. This financial assistance is in addition to the discounts currently offered and provided to low-income households. This is a one-time financial assistance for those who qualify.

Proof of income, layoff and household information is required to consider this application complete. Appropriate documentation may include a letter from your employer, verification of hours reduced or layoff from employer, paystubs, or any additional information that will show an impact from the COVID-19 virus and employee identification.

Amounts will be credited to utility bills based on the matrix outlined below:

Residents:

HOUSEHOLD SIZE	UP TO 200% OF FEDERAL POVERTY LEVEL	
	ANNUAL MAXIMUM INCOME	MAXIMUM RELIEF AMOUNT
1	\$25,520	\$65
2	\$34,480	\$80
3	\$43,440	\$95
4	\$52,400	\$110
5+	\$61,360	\$125

Name: _____

Address: _____

Phone: _____

Email: _____

How many people are in your household? _____

What is your total current household income? (Please include all forms of income including, but not limited to, social security, unemployment, and child support):

Have your work hours been reduced or have you been temporarily or permanently laid off due to the COVID-19 virus?

Yes	No

Are you currently receiving discounted utility services? (If you are currently receiving a discount, this will **not** disqualify you from obtaining city utility bill relief. If you answer yes, you do not need to submit income documentation unless your information has changed. Documentation to prove work hour reduction is still necessary.)

Yes	No

Please ensure all necessary verifications of income and impact due to the COVID-19 virus are included with this application.

DECLARATION	
<p>I declare under penalty of perjury under the laws of the State of Washington that all the statements on this application are true. Any false statement on this form will result in a loss of eligibility and shall require the repayment of any assistance received. I acknowledge submitting this application is not a guarantee of eligibility for city utility bill relief. The applicant understands and acknowledges the funds are limited and this program may end at either the time the funds are depleted, or the COVID-19 State of Emergency has ended, whichever occurs first. The City also reserves the right to follow up on any of the information provided.</p>	
<p>Applicant's Signature: _____ Date: _____</p>	

FOR OFFICE USE ONLY BELOW THIS LINE			Application Approved?
Reviewed By:	Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:		Account #:	
Approved By:	Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:			