



Utility Relief Program for Single Family Residents and Small Businesses **- COVID 19**

A **temporary program** has been established to provide utility rate reductions on City utility bills for certain recipients impacted by the COVID-19 outbreak. Applications can be submitted by any individual or small business (50 or fewer employees) impacted financially by this national, state and local emergency.

Section 1

Name or Name of Business: _____ Phone Number: _____

If a Business: # of employees _____ If a Business: Type of Business _____

Service Address: _____ Account number(s) _____

Please be ready to provide the following information:

Driver's license, passport, or other photo ID

Section 2 – Complete only if you are applying as a Single-Family Resident

Applying for the following discounts: water sewer both

1. Do you work or have a job? ___yes ___no. If so, pay: \$_____/month

Occupation: _____ Employer's name & phone #: _____

2. Do you have a spouse or state registered domestic partner who lives with you? ___yes ___no

Does she/he work? ___yes ___no If so, take-home pay: \$ _____

Employer's name and phone #: _____

3. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, or workers' compensation? yes _____ no _____

If so, which one? _____ Amount: \$ _____

4. Do you receive money from any other source, including but not limited to rental income, dividends, veterans benefits, pensions/retirement income, etc.? yes _____ no _____

If so, how much? Include total from all sources. \$ _____

Total household income (Questions 1-4) \$ _____

Section 3 – Complete only if you are a small business owner (with 50 or fewer employees)

Applying for the following discounts: water sewer both

What is your average monthly income - Prior to COVID 19: _____

What is your current monthly income - During COVID 19: _____

YOU MAY BE REQUIRED TO PROVIDE SUPPORTING DOCUMENTATION: Notice of layoff, unemployment benefits statement, etc. If you do not have documentation, please indicate below how you have been impacted by the COVID-19 outbreak. Additional, documentation may be requested for small businesses (e.g., monthly income statements).

I am requesting relief for my utility bill due to the following reasons:

AFFIDAVIT: I swear under the penalty of perjury of the laws of the State of Washington, that I understand the questions of this application and that all of the statements on this application are true. Any false statement, including omission, of information on this form is subject to a gross misdemeanor. **SHOULD I BE GRANTED A DISCOUNT, I WILL NOTIFY THE UTILITIES OFFICE IMMEDIATELY OF ANY CHANGE IN CIRCUMSTANCES SPECIFIED IN SECTION 2 OR SECTION 3.** I understand that if I receive a discount after I have become ineligible, I will be required to pay the City back for all discounts received in error. I understand that should this application be challenged for any reason, I may be asked to sign a release which will allow the city to verify the information on this application with the Internal Revenue Service of the federal government or other sources as necessary.

Signature: _____ Place of signing _____ Date: _____

OFFICE USE ONLY Below This Line

Verification Procedures

Performed by: _____ Date: _____

Approved? Yes No Reason: _____

Signature: _____ Date: _____