



Application for CARES Act Grant Certification of Financial Hardship Related to COVID-19

****GRANTS ARE SUBJECT TO FUNDING AVAILABILITY, AND MADE ON A FIRST-COME, FIRST-SERVED BASIS****

Applicant Information

Applicant Name _____
(PUD Account must be in the name of Applicant)

Phone No. _____ Email _____

Service Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(If different than Service Address)

Legal Property Owner _____ Phone No. _____

COVID-19 Related Hardships

A. INCREASED HOUSEHOLD EXPENSES RELATED TO COVID-19

Since March 01, 2020, household expenses have increased by approximately \$_____ per month for the following COVID-19 related reasons (check all that apply):

- Extra costs because of child's school or daycare has been closed under the State of Emergency, including childcare, food, and other related costs.
- Extra costs because one or more household members are working extra hours to respond to COVID-19 emergency, including childcare or transportation.
- Extra medical costs related to COVID—19 that are not covered by insurance.
- Other: _____

B. LOSS OF INCOME 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 State of Emergency.
- Earned less income (if self-employed or an independent contractor) due to a reduction in work from clients who were closed due to the State of Emergency.
- Had to leave job because schools were closed and had no childcare.
- Experienced some other impact from COVID-19.

Describe impact:

Attach additional pages if necessary.

C. OTHER FINANCIAL HARDSHIP

Since March 01, 2020, the 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(ies) and attest(s) that:

1. Because of the loss of income and/or increase in expense described above, the household cannot pay the electric utilities 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 electric utilities due is caused by a financial impact from COVID-19 as described above.
3. The household has paid partial electric 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 the household has experienced related to COVID-19.

E. ACKNOWLEDGMENT AND SIGNATURES

This document is a formal application for electric 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"). If it is determined during the course of any subsequent audit by Pend Oreille PUD, Pend Oreille County, 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 Pend Oreille PUD for such payments upon request or have the amount added to their utility account balance. Customer acknowledges that grants made under this program are subject to funding availability, and are made on a first-come, first-served basis.

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(s)

Printed Name(s): _____

Date: _____

Place of Signing: _____

For Pend Oreille PUD Use Only

PUD Account No. _____ PUD Account Owner(s) _____

(PUD Account must be in the name of Applicant)

Total Past Due Amount _____ Total Amount Due _____

Date of Last NIN Grant _____ Date of Last NIN COVID Grant _____

Processed by: _____	ID Verified: _____	Date: _____
Grant Amount: _____	Approved by: _____	