

# City of Washougal COVID-19 Utility Relief Program for Single Family Residents and Small Businesses Application (Appendix A)

This is a temporary program that has been established to provide financial relief by absorbing utility customers past due amounts (greater than 30 days) for recipients impacted by the COVID-19 outbreak. Applications can be submitted by an Eligible Residential Customer or Eligible Small Business (50 or fewer employees) impacted financially by this national, state and local emergency.

## **Section 1**

I am the....

Property Owner          Renting Tenant

Name or Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please be ready to provide the following information: Driver's license, passport, or other photo ID. **Please submit documentation to [Jennifer.Forsberg@cityofwashougal.us](mailto:Jennifer.Forsberg@cityofwashougal.us).**

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

**1. Do you work or have a job?**

Yes                          No

If so, pay: \$\_\_\_\_\_/month

**2. Do you have other household members with income who live with you?**

Yes                          No

If yes, how many? \_\_\_\_\_

Do they work?

Yes                          No

If so, their take-home pay \$\_\_\_\_\_/month

**3. Do you and/or other household members receive unemployment, Social Security, or workers' compensation?**

Yes                          No

If so, which one? \_\_\_\_\_

Amount: \$\_\_\_\_\_/month

*Please note: the status of a renting tenants' application will be shared with the property landlord. Renting tenants will be advised of the status of an application submitted by the property landlord.*

**4. Do you or other household members 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: \$ \_\_\_\_\_

**Please be ready to provide the following information:**

1. Pay stubs for the past three months for both you and your spouse (if applicable)
2. Other documentation showing income from numbers 3 & 4 above

**Please submit documentation to Jennifer.Forsberg@cityofwashougal.us.**

I have been negatively impacted by the COVID-19 pandemic.

**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.

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

**OFFICE USE ONLY BELOW THIS LINE**

- ┌ Copy of photo ID
- ┌ Copies of all income from residential applicant
- ┌ Copy of documentation showing 50 or fewer employees for small business applicant
- ┌ Copies of past 6 months income statements from small business applicant

Approved?

- ┌ Yes
- ┌ No

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Accounting Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_