



City of NORTH BONNEVILLE

P.O. Box 7

North Bonneville, WA 98639

(509) 427-8182

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

A temporary program has been established to provide utility payment deferral 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. Approved applicants may be permitted to pay accrued utility bills over an agreed-upon schedule without risk of shut-offs or late charges if timely paid. ***If you are found ineligible for this program, you must resume payments or apply for the city's regular option of a payment plan within 5 business days of notice of decision.***

Section 1

Name or Name of Business: _____ Phone Number: _____

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

Service Address: _____ Account(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

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 domestic partner who lives with you? ___yes ___no
Does she/he work? ___yes ___no. If so, take-home pay: \$ _____/month
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(s)? _____ Amount: \$ _____/month
4. Do you receive money from any other source, including but not limited to rental income, dividends, veterans benefits, pensions/retirement income, PPP or EIDL assistance, etc.? yes ___no ___ If so, how much? Include total from all sources.
\$ _____/month

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



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

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

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

ALL APPLICANTS: 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, participation in government relief programs such as PPP or EIDL).

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 PAYMENT DEFERRAL, 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 payment deferral, after I have become ineligible I will be required to immediately pay the City back for all deferred payments 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.

Printed Name: _____ Signature: _____

Place of signing _____ Date: _____

OFFICE USE ONLY Below This Line

Verification Procedures: _____

Performed by: _____ Date: _____

Approved? Yes No Reason: _____

Signature: _____ Date: _____