



# COVID-19 FINANCIAL ASSISTANCE APPLICATION

**Application submission:** Please fill out and sign both pages of this application, and submit to Clallam County PUD using one of the following methods, or call Customer Service at 360-452-9771, extension 2.

- **Mail:** Clallam County PUD, PO Box 1000, Carlsborg WA 98324
- **Drop box:** Drop boxes are located at each area office and at Clallam Co-Op in Sequim, please visit our website at [www.clallampud.net](http://www.clallampud.net) for office locations
- **Email:** Scan and email to [PUDCustomerService@clallampud.net](mailto:PUDCustomerService@clallampud.net)
- **Fax:** Fax "Attention Customer Service Supervisor" to 360-681-5474

Please understand there is a limited amount of funding, and once depleted assistance will no longer be available, and **supporting documents are required to be submitted with this application.**

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

Household Size	Federal Poverty Level		200% Poverty Level		300% Poverty Level		400% Poverty Level	
	Annual Max Income	Maximum Relief Amount	Annual Max Income	Maximum Relief Amount	Annual Max Income	Maximum Relief Amount	Annual Max Income	Maximum Relief Amount
1	\$12,760	\$200	\$25,520	\$150	\$38,280	\$100	\$51,040	\$75
2	\$17,240	\$225	\$34,480	\$175	\$51,720	\$125	\$68,960	\$100
3	\$21,720	\$250	\$43,440	\$200	\$65,160	\$150	\$86,880	\$125
4	\$26,200	\$275	\$52,400	\$225	\$78,600	\$175	\$104,800	\$150
5	\$30,680	\$300	\$61,360	\$250	\$92,040	\$200	\$122,720	\$175
6	\$35,160	\$325	\$70,320	\$275	\$105,480	\$225	\$140,640	\$200
7	\$39,640	\$350	\$79,280	\$300	\$118,920	\$250	\$158,560	\$225
8+	\$44,120	\$375	\$88,240	\$325	\$132,360	\$275	\$176,480	\$250

**DISCLOSURE STATEMENT:** Clallam County PUD reserves the right to follow up on any of the information provided. Submitting this application is not a guarantee of assistance funds. Customers may be required to repay the amount of assistance, or assistance may be removed from a utility account if applicant provides false information. The applicant understands and acknowledges that funds are for residential customers only, are limited, and this program may end when funds are depleted or the COVID-19 crisis has ended, whichever comes first. As a condition of receiving assistance, you authorize the release of all information in this application to be shared with Clallam County.

Signature:

Account #:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

PUD Account Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

PUD Service Address: \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

What was your total household gross income for 2019? \_\_\_\_\_

What was your total household gross income, for the past 90 days? \_\_\_\_\_

**Circle One:**

Have you suffered a COVID related hardship through loss of employment, reduced work hours, been temporarily or permanently laid off, become ill or otherwise negatively affected by the pandemic? Yes / No

If yes, briefly explain the hardship *and submit supporting documentation*: \_\_\_\_\_

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Have you already entered into a Payment Plan with Clallam County PUD for all accumulated arrearages? Yes / No

If no, are you willing to enter in to a Payment Plan for all accumulated arrearages? Yes / No

Do you agree to abide by the terms and conditions of a Payment Plan with the PUD? Yes / No

Have you previously refused to enter into a Payment Plan with the PUD? Yes / No

Have you applied for utility bill relief with Olympic Community Action? Yes / No

If no, are you willing to apply with Olympic Community Action? Yes / No

Have you ever had your utility services disconnected for non-payment in the past 2 years? Yes / No

Are you or a member of your household currently employed? Yes / No

Are you currently receiving discounted utility service with the PUD? Yes / No

***I hereby attest that I am the account holder, all information provided in this application is true, and I furthermore agree to the Disclosure Statement outlined on page one.***

Print/Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_