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Utility Relief Program for Single Family Residents – COVID 19

A temporary, two-tier program has been established to provide financial assistance for customer’s with delinquent utility accounts as a direct result of COVID-19. Applications can be submitted by property owners, or tenants of a single-family residence impacted financially by this national, state, and local emergency.

Section 1 - Utility Account Information

Utilities billed to: PROPERTY OWNER (primary residence) TENANT (utility account holder)

 TENANT (not on utility account, but can provide proof that he/she/they are responsible for paying city utilities per lease agreement.)

Application Date: _____ Account # _____
First and Last Name of Account Holder: _____
Service Address: _____
Mailing Address: _____
Phone Number: _____ Email: _____

REASON FOR REQUEST -check all that apply:

JOB LOSS DUE TO COVID-19 REDUCTION OF WORK HOURS DUE TO COVID-19

Section 2 - Complete this section if you are requesting to enroll in a Payment Arrangement Contract.

To be approved for a payment arrangement, the customer needs to attest that, due to COVID-19 related issues, the customer is unable to timely pay his/her/their utility bills.

Yes, I wish to apply for a monthly payment arrangement for delinquent charges billed after March 2020.

Account balance as of application date: \$ _____

Amount I am able to pay monthly: \$ _____

Total number of months requested: _____ (up to 18 months)

Section 3 – Financial Support Program Request; up to \$250.00 CARES Act Grant applied to delinquent utility balance.

Yes, in addition to a payment arrangement, I would like to be considered for the COVID-19 Financial Support Program. I am aware that this will require me to provide financial information to see if I qualify for this program. *To be considered, applications must complete Section 2 above.*

1.) Are you currently employed? Yes No If yes, monthly take-home pay: \$ _____

Employer's Name: _____ Phone Number: _____

2.) Do you have a spouse or state registered domestic partner who lives with you? Yes No

Is he/she currently employed? Yes No If yes, monthly take-home pay: \$ _____

Employer's Name: _____ Phone Number: _____

3.) Please provide the following income information for all that apply.

Applicant		Spouse/Domestic Partner	
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____	<input type="checkbox"/> Social Security Income	\$ _____
<input type="checkbox"/> Worker's Compensation	\$ _____	<input type="checkbox"/> Worker's Compensation	\$ _____
<input type="checkbox"/> Rental Income	\$ _____	<input type="checkbox"/> Rental Income	\$ _____
<input type="checkbox"/> Dividends	\$ _____	<input type="checkbox"/> Dividends	\$ _____
<input type="checkbox"/> Veteran's Benefits	\$ _____	<input type="checkbox"/> Veteran's Benefits	\$ _____
<input type="checkbox"/> Pension/Retirement Income	\$ _____	<input type="checkbox"/> Pension/Retirement Income	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> Other: _____	\$ _____

What is your average monthly household income, prior to COVID 19? \$ _____

What is your current monthly household income, during COVID 19? \$ _____

Please provide the following documents that confirm your financial hardship due to COVID 19.

- **Notice of layoff/reduction of hours from employer**
- **Letter from State Employment Security Department**
- **Other evidence of hardship. Please list:** _____

I do hereby attest that the above information is true and correct and that my livelihood has been negatively affected by COVID-19, resulting in an inability to fully pay my City of Moses Lake Utility account balances accrued after March 2020. I agree to abide by any payment plan contracts/arrangements and understand that I will still be responsible for my outstanding bill should I default on those plans. If I am granted a payment arrangement, I will notify the Utility Department immediately of any change in circumstances specified in section 2 or section 3.

Applicant Signature

Date