

For Office Use Only # _____

**SKAMANIA COUNTY PUD
PO BOX 500, CARSON WA 98610
(509) 427-5126 or (800) 922-5329**

**APPLICATION FOR COVID-19 HARDSHIP ASSISTANCE
Rebate for Persons with Loss of Household Income as a Result of COVID-19
2020**

This application is for a special electric bill rebate for qualifying COVID-19 hardship assistance. This program is in effect until further notice. The District will determine in its discretion whether a ratepayer qualifies for hardship assistance. By accepting hardship assistance, ratepayer agrees to establish a payment plan and abide by the conditions of acceptance as determined by the District. Ratepayers are entitled to no more than one hardship waiver per household, per calendar year, and must requalify for additional waivers. Ratepayers acknowledge that applications for assistance and related documents may be subject to the Washington Public Records Act, RCW 42.56 and should consider this when deciding whether to apply for this assistance. The District may discontinue this program at any time.

Person of COVID-19 Hardship: To be eligible, you must demonstrate household loss of income as a result of the COVID-19 pandemic. Proof of hardship can be in the form of unemployment enrollment subsequent to March 15, 2020, notice from employer stating reduction in hours, and/or any form supporting loss of income that adequately shows a relationship to the COVID-19 pandemic. The account must be in your name or your spouse's name. Income is considered income from all sources, including wages, social security payments, interest, dividends, rents, royalties, welfare payments, rent subsidies, disability payments, retirement plans or any other source. If you qualify for hardship assistance, you will receive a rebate according to the rebate schedule listed below. Proof of income is required.

**PERSONS IN
HOUSEHOLD**

MONTHLY HOUSEHOLD POVERTY GUIDELINES

| | <u>100%</u> | <u>133%</u> | <u>150%</u> | <u>200%</u> |
|------------------------------------|-------------|-------------|-------------|-------------|
| 1 | 1,063 | 1,414 | 1,595 | 2,127 |
| 2 | 1,437 | 1,911 | 2,155 | 2,873 |
| 3 | 1,810 | 2,407 | 2,715 | 3,620 |
| 4 or more | 2,183 | 2,904 | 3,275 | 4,367 |
| % of Maximum Rebate | 100% | 80% | 60% | 40% |

MAXIMUM TOTAL REBATE = lesser of \$350.00 or application date account balance

Name _____

Address _____

Phone Number _____

PUD#1 Customer Number _____

Established a Payment Plan? Yes _____ No _____

Total 2020 Monthly Household Income

Pre-Pandemic _____ Post-Pandemic _____

Number in Household _____

Special conditions of rebate: _____

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to provide the documentation listed above to the PUD. I understand that the rebate will be given in accordance with the above schedule and is for residential use only. I

further understand that the rebate will be applied as a credit on my account and I am responsible for any amounts remaining after application of the credit.

Signature

Date

Please send **completed application with copies of required documents to Skamania PUD at: PO Box 500, Carson, WA 98610. Alternatively completed application packets in an envelope can be dropped in the PUD office payment box located at 1492 Wind River Road, Carson, WA 98610.**