



PUBLIC UTILITY DISTRICT NO. 1
OF MASON COUNTY
N. 21971 Hwy. 101
Shelton, Washington 98584

BOARD OF COMMISSIONERS
MIKE SHEETZ, Commissioner
JACK JANDA, Commissioner
RON GOLD, Commissioner

October 6, 2020

Dear PUD Customer,

The PUD is in the process of applying to Jefferson County for CARES Act funding to offset delinquent utility bill balances for households that are experiencing a COVID related financial hardship. If you would like to apply for these funds, please complete and return the CARES Act Certification/Application form as soon as possible.

Important items to note:

- The PUD has not yet been approved for this funding. It is not guaranteed; we may be denied.
- We ask customers to preemptively complete the form because if we are approved, we have a very short turnaround time to apply the funds before the deadline.
- Only residential power and water customers are eligible for this CARES Act funding.
- The amount of funding per account will vary depending on what the PUD receives in the grant.
- Customers who are on the disconnect list are not eligible for funds. These are delinquent accounts that have made no contact with us in recent months and/or have not set up a long-term payment plan as offered by the PUD. If you are one of these accounts, you need to contact Shiane to set up arrangements for your account before you will be considered eligible for CARES Act funding.

If you are carrying a past due balance on your utility account, please complete and return the form.

Also, Community Action Council of Mason County and OlyCAP in Jefferson County are taking appointments for the next round of Canal Comfort Fund assistance payments. The Department of Commerce has also sent additional funding to the CACs for LIHEAP assistance. If you didn't qualify before, you may now. Please contact the agencies to see if you are eligible and if so, how to apply.

CAC of Lewis, Mason & Thurston Counties
807 West Railroad Avenue, Shelton, WA 98584
(360) 426-9726
<https://www.caclmt.org/>

OlyCAP (Jefferson County)
Port Townsend Office
(360) 385-2571
<https://www.olycap.org/get-help/energy-assistance-program>

Sincerely,

Katie Arnold
District Treasurer &
Director of Business Services

MASON PUD NO. 1 APPLICATION/CERTIFICATION OF FINANCIAL HARDSHIP RELATED TO COVID-19



CUSTOMER INFORMATION:

Name(s): _____ Contact # _____

Mailing Address _____ City _____

State _____ Zip Code _____ E-Mail Address _____

Service Address: _____ City/State/Zip: _____

Type of service: Electric Water

COVID-19 RELATED HARDSHIPS:

A. INCREASED HOUSEHOLD EXPENSES RELATED TO COVID-19

Since March 01, 2020, household expenses have increased by approximately \$_____ per month for the following COVID-19 related reasons *(check all that apply)*:

- Extra costs because of child's school or daycare has been closed under the State of Emergency, including childcare, food, and other related costs.
- Extra costs because one or more household members are working extra hours to respond to COVID-19 emergency, including childcare or transportation.
- Extra medical costs related to COVID—19 that are not covered by insurance.
- Other: _____

B. LOSS OF INCOME RELATED TO COVID-19

One or more of the adults in the household who contribute to the payment of utilities: *(check all that apply)*

- Showed symptoms of or tested positive for COVID-19, or was required to provide care for a family member or relative who showed symptoms of or tested positive for COVID-19, or was forced to self-quarantine due to close contact with someone who tested positive for COVID-19.
- Was laid off or lost a job when our place of employment closed.
- Worked fewer hours when our place of employment either closed or reduced worker hours due to the states of emergency.
- Earned less income (if self-employed or an independent contractor) due to a reduction in work from clients who were closed due to the state of emergency.
- Had to leave job because schools were closed and had no childcare.
- Experienced some other impact from COVID-19.

Describe impact:

C. OTHER FINANCIAL HARDSHIP

Since March 01, 2020, the household has suffered financial hardship directly related to the COVID-19 public health emergency, as described below (*explain if applicable*):

Attach additional pages if necessary.

D. CERTIFICATION OF FINANCIAL HARDSHIP

The undersigned hereby certify and attest that:

- 1) Because of the loss of income and/or increase in expense described above, the household cannot pay the utilities due and have enough money left to pay for rent, food, medical and related expenses, health insurance premiums, child care, and job-related transportation expenses.
- 2) The non-payment of utilities due is caused by a financial impact from COVID-19 as described above.
- 3) The household has paid partial utilities, to the extent it can, considering the financial hardship(s) noted above.
- 4) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

(If you sign this form, all of the above statements under Section D must be true.)

E. SIGNATURES

This document is a formal application for utility debt relief through federal stimulus funding (“CARES Funds”) under Section 601(a) of the Social Security Act, as amended by Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act and Section V and VI of the CARES Act (“CARES Act”) for the limited purposes identified in the Interagency Agreements between the Washington State Department of Commerce, Mason County, and Public Utility District No. 1 of Mason County. If it is determined during the course of any subsequent audit by the PUD, Mason County, the State of Washington or the United States Government, that the utility customer was not entitled to any CARES funds that they received either in error or by false attestation, the customer will promptly reimburse the PUD for such payments upon request or have the amount added to their utility account balance.

I SWEAR UNDER PENALTY OF PURJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED AND ATTESTED AS TRUE, as of the date set forth below:

Customer Signature

Printed Name: _____

Date: _____ Place of Signing: _____