



**CITY OF FIFE
COVID-19 UTILITY ASSISTANCE
PROGRAM APPLICATION**

Application for utility assistance as funded by and allowed under the
Coronavirus Aid, Relief, and Economic Security Act (CARES Act).

The program is for residential customers only.

You must live at the address of the utility account you are requesting funds for.

APPLICATION DEADLINE IS 5:00 P.M. FRIDAY, SEPTEMBER 18, 2020

PLEASE PROVIDE ANY SUPPORTING DOCUMENTS WITH THIS APPLICATION. Complete front and back of the application.

Applicant name

Date

Physical Address

Phone Number

Email Address

Utility Account #

SECTION A: DECLARATION OF HOUSEHOLD INCOME AND DESCRIPTION

Please select all that apply for the last three months and provide documentation of each income source:

1. Income/Benefits received from the following sources:

Wages/Earned Income

Unemployment Compensation

Social Security Income

Retirement Pension

Veteran's Assistance

Other Income Source: _____

2. Total Monthly Income \$ _____

3. Number of people who live in your household _____

SECTION B: CIRCUMSTANCES

4. Death of immediate family member due to COVID-19

Loss of job or income due to COVID-19

Loss of childcare due to COVID-19

Sudden illness or injury due to COVID-19

Loss of funds due to COVID-19

Disabled or ill household member due to COVID-19

Other (Please describe in detail on back of form)

EXTENUATING CIRCUMSTANCES: Please use the back of this application to provide an explanation for any checked items. Attach additional pages if needed.

Please give a complete account of the circumstances and provide supporting documentation (pay stub, letter from employer, unemployment, etc.)

____ I am requesting assistance for the utility account associated with the residence where I live.
(Initials)

I certify and declare under penalty of perjury that the information I have provided with this application is accurate to the best of my knowledge. I also give my permission for the City of Fife’s COVID-19 Utility Assistance Program Representative to request/release necessary information that may result in my receiving benefits. I hereby authorize the City of Fife to release billing information to the city’s COVID-19 Utility Assistance Program Representative in order to process my application. I understand this application and any information submitted to the city is a public record and may be subject to disclosure under RCW 42.56.

I understand that I may or may not receive assistance under this program and, if assistance is provided, it will be a grant in the form of a credit on my utility account.

Applicant Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND DOCUMENTATION TO:

- BY MAIL - City of Fife, Utility Assistance Program, 5411 23rd St E., Fife, WA 98424
- BY EMAIL - fifeutilityassist@cityoffife.org
- BY DROP BOX - Utility Drop Box at Fife City Hall, 5411 23rd St E., Fife, WA 98424

SECTION D: CITY UTILITY ASSISTANCE REVIEWER (FOR CITY USE ONLY)

___ Approved \$250.00

___ Denied

Reviewed by: _____ Date: _____

Authorized by: _____ Date: _____