



## City of Rainier – Utility Billing Request for COVID-19 Assistance

Please complete this form to apply for COVID-19 assistance on your utility bill. Qualifying customers will receive a one-time credit equaling 50% of their May 2020 utility bill, up to a maximum \$300 credit and the remaining balance can be setup on a 6-month payment plan. If approved, please allow 1-2 weeks after the May billing statements go out for the credit to be applied to your account.

NAME/BUSINESS NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

BILLING ADDRESS (if different) \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

REASON FOR APPLYING \_\_\_\_\_

DATE FIRST IMPACTED BY COVID-19 \_\_\_\_\_

WERE YOU LAID OFF FROM WORK OR LOST YOUR JOB DUE TO COVID-19? \_\_\_\_\_

IF YES, NAME OF WORKPLACE \_\_\_\_\_

HAS SPOUSE OR ANY MEMBERS OF YOUR HOUSEHOLD BEEN LAID OFF/LOST JOB? \_\_\_\_\_

IF YES, NAME OF WORKPLACE \_\_\_\_\_

ARE YOU OR SPOUSE CURRENTLY RECEIVING UNEMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, AMOUNT \$ \_\_\_\_\_ Weekly

IF APPROVED, DO YOU WANT YOUR BALANCE PUT ON A 6 MO. PAYMENT PLAN? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

I acknowledge that the information given above is true and correct to the best of my knowledge. I understand this is a one-time credit and I am still responsible for my bill.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Date Received \_\_\_\_\_ Approval Date \_\_\_\_\_ Denial Date \_\_\_\_\_

Credit Amount \$ \_\_\_\_\_ Notified Customer \_\_\_\_\_