

**PUBLIC UTILITY DISTRICT NO. 2**  
OF  
**PACIFIC COUNTY**



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Long Beach, Washington 98631  
(360) 642-3191 FAX (360) 642-9389

July 1, 2021

**RE: Help With Your PUD Bill**

Dear PUD Customer,

The Treasury Rent Assistance Program (T-RAP) Grant is part of Washington State's response to the COVID-19 pandemic. Funds are intended to prevent evictions. This includes help with utility payment arrears, targeting limited resources to those who have experienced financial hardship due to the COVID-19 outbreak. PUD residential power and water customers who have suffered a financial hardship directly related to COVID-19 may be eligible for these funds. This funding could offset a portion, or all of your past due PUD bill if you qualify.

To apply, please complete **both sides** and return the enclosed Certification/Application Form. The enclosed form is also available on the PUD website at <http://www.pacificpud.org/assistance.html>. The completed form can be emailed to [kcooper@co.pacific.wa.us](mailto:kcooper@co.pacific.wa.us), dropped off at Pacific County Public Health & Human Services offices in Long Beach (7013 Sandridge Road) or South Bend (1216 West Robert Bush Drive) or mailed using the enclosed envelope. Once the form is received, County staff will reach out to you for any additional information required.

We know this pandemic is affecting many of our customers and as such, we want to ensure that no one is without electricity during this difficult time. We recognize that it will take continued partnership with our community to assist as many people in need and we want to thank all those involved.

If you have questions about this program, please contact Pacific County Public Health & Human Services at (360)875-9323 or (360)642-9352.

Thank you,

PUD No. 2 of Pacific County  
on behalf of Pacific County Public Health & Human Services.



# APPLICATION/CERTIFICATION OF FINANCIAL HARDSHIP RELATED TO COVID-19 for Treasury Rent Assistance Program (T-RAP)



This program is being distributed by PUD No. 2 of Pacific County on Behalf of Pacific County Public Health & Human Services

## CUSTOMER INFORMATION:

Name(s): \_\_\_\_\_ Contact # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Service Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type of service: Electric  Water

Size of Household (number of people): \_\_\_\_\_

Total Household Income (annually) : \_\_\_\_\_

## COVID-19 RELATED HARDSHIPS:

### A. 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 financial impact from COVID-19.

Describe impact:

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### B. 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)*:

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*Attach additional pages if necessary.*

**C. 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 information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

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:

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Customer Signature

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Place of Signing: \_\_\_\_\_