



DEFERRED PAYMENT PLAN ARRANGEMENT (DPPA) and APPLICATION

On March 16, 2020 Northshore Utility District (NUD) suspended late fees and water service terminations of delinquent accounts to assist customers during the COVID-19 Pandemic. On March 18, 2020 the Governor executed a similar order to preserve essential utility service. NUD’s suspension of late fees and service terminations has been extended until such time the Governor’s order or extensions thereto end. Customers are obligated to pay for all past-due balances, including late fees existing prior to March 16 and after the Governor’s order or extensions thereto end.

To provide payment assistance, the Governor has permitted payment plan arrangements to be offered by essential service providers. The District is pleased to offer payment arrangement options that assist customers with past-due balances. NUD strongly encourages customers to apply for a payment plan as soon as possible, while the program is currently available.

Customers engaged in a current DPPA ***shall not*** be subject to dispatch fees and service terminations throughout the payment plan period provided they meet the terms and conditions of the plan. Also, any late charges that accrue to the account will be credited if payments are made on time per the Deferred Payment Plan Arrangement.

The qualifying payment plan options are as follows:

Payment Option	*Past Due Balance Amount	Maximum Payment Terms (Months or Billing Periods)
A	\$500 or less	4 Months or 2 Billing Periods
B	\$501 to \$1,000	8 Months or 4 Billing Periods
C	\$1,001 to \$1,500	12 Months or 6 Billing Periods
D	\$1,501 to \$2,000	16 Months or 8 Billing Periods
E	**Greater than \$2,000	20 Months or 10 Billing Periods

* The Finance Director may authorize a payment term that extends to the next billing period as defined, provided the customer presents necessary information that supports the decision.

** The General Manager may authorize a payment term that extends beyond the established billing periods but no-longer than 30 months or 15 Billing Periods. The General Manager must report the decision process to the Board of Commissioners at the next available Board meeting following the decision.

To be approved for the DPPA, customers must attest that, due to COVID-19 related issues, they are unable to pay their current past-due balance.

APPLICATION FORM

REQUEST AND ACKNOWLEDGMENT:

I have been unable to pay the past due balance on my account because of the financial hardship resulting from the COVID-19 Pandemic. Therefore, I am formally requesting that I be considered for inclusion in the District’s DPPA.

I am aware that I may be required to provide financial information and other documentation to establish eligibility. I also agree that NUD may contact me at the phone number, email or address provided.

I acknowledge that all outstanding fees and charges, prior to March 16, are to be paid in full and will be included as past-due balances applied to the DPPA. Furthermore, I understand that no late charges shall be incurred from March 16, 2020 until such time as the Governor of Washington State removes the order, or until such time as my “approved” DPPA term expires, provided payments remain in good standing.

Customer Provided Information:

Requested Payment Option (A-E)	Minimum Payment Request	Past-Due Balance Owing (If known)	Account Number (6 digit)
	\$	\$	
Bill Payer Name (First, Last)		Email Address	Phone#
Service Address (City, Zip Code)			
Owner Name (First, Last)		Email Address	Phone#

ATTESTATION: I declare under penalty of perjury, that I have reviewed the application and confirm that the information provided is true and accurate to the best of my knowledge. I agree and understand that the DPPA may be revoked if I fail to notify the District of changes to my financial situation or living arrangements, if I have provided false information, or fail to meet payment arrangement terms. This could result in late charges not being credited, termination of service and associated fees being applied.

APPLICANT SIGNATURE

DATE

Official District Use Only:

Date Received: _____ Received By: _____

Approved By: _____ Date: _____