



COVID-19 LOW-INCOME DISCOUNT PROGRAM (C19LIDP) APPLICATION

In response to the COVID-19 Pandemic, the District's Board of Commissioners approved Resolution No. 2020-07-04 on July 20, 2020 as a relief measure to assist residential and non-residential customers who have been significantly impacted financially by the COVID-19 Pandemic.

These measures consist of two primary initiatives, a *Deferred Payment Plan Arrangement (DPPA)* and a temporary COVID-19 provision to the Districts *Low-Income Discount Program (C19LIDP)*.

The C19LIDP provides enhanced discount options for qualifying residential and non-residential customers. This program provides up to an 80% discount on water and sewer base rates charged by the District (excluding King County Treatment charges). Property owners directly billed by Northshore Utility District (NUD), must be enrolled in the Deferred Payment Plan Arrangement (DPPA) prior to being considered for the C19LIDP (visit www.nud.net/ccap for more information).

Applicants must provide the following information in order to be eligible for the program – incomplete documentation may disqualify the applicant for consideration.

I am applying as a... <check one>

- Residential Property Owner
- Residential Property Tenant
- Commercial Property Owner
- Commercial Property Tenant

I am billed for water and/or sewer service... <check one>

- Directly by NUD.
- Indirectly as a part of my rental payment or by a third-party (owner, HOA, apartment or condo complex owner, property management company, etc.).

My RESIDENTIAL property is a... <select appropriate property type>

- Single-family home or condo with separate meter
- Two, three or four-unit residential structures with a shared water meter (duplex, triplex, fourplex)
- Greater than four-unit residential structures with a shared water meter (apartment complex or condo.)
- Mobile home park
- Other: _____

APPLICANT INFORMATION – REQUIRED:

APPLICANT'S NAME (PRINT)		CUSTOMER ACCOUNT # (6 DIGIT)
PROPERTY ADDRESS		UNIT #
EMAIL	CONTACT PHONE NUMBER	PAST-DUE AMOUNT (IF KNOWN) \$
*BUSINESS NAME (PRINT)		*BUSINESS UBI #
*PROPERTY OWNER/LEASING AGENTS CONTACT NAME (PRINT)		*OWNER'S/OTHER PARTY'S PHONE
*PROPERTY OWNER/LEASING AGENTS CONTACT ADDRESS (PRINT)		*OWNER'S/OTHER PARTY'S EMAIL

*ENTER ALL INFORMATION THAT IS APPLICABLE

OWNER & TENANT INCOME INFORMATION – REQUIRED:

From 2019 Tax Return; total income, from all sources, for all adults living at property. Include non-taxable income. (copy of tax return may be required).	\$
--	-----------

ENTER MONTHLY INCOME and ANTICIPATED INCOME for 2020:

Total monthly income related to the property; this includes income for all adults (18+) living at the property and income received from public assistance.					
January	February	March	April	May	June
\$	\$	\$	\$	\$	\$
July	August	September	October	November	December
\$	\$	\$	\$	\$	\$

CHECK ALL THAT APPLY and PROVIDE SUPPORTIVE DOCUMENTATION:

- I am/was under a mandatory quarantine order from _____ to _____.
- I was forced to leave my employment to provide primary care for a family member from _____ to _____ for _____.
- I am/was under care for COVID-19 from _____ to _____.
- I have a supportive documentation from my employer stating that I was laid off or furloughed as a result of the COVID-19 Pandemic. I have or expect to return to work on _____.

EXHIBIT B

- I received unemployment benefits from Washington's Employment Security Department during the COVID-19 Pandemic from _____ to _____.
- I have, and will provide, a copy of the lease/rental agreement to show utilities are included in my rent with a move-in date of _____.
- I have, and will provide, a copy of the statement(s) from a third-party billing agency for the rebate I am requesting.
- I have, and will provide, a copy, of my current *Financial Statement/Balance Sheet/Sales Statements* as verification of income (required non-residential/business owner applicant).
- I have, and will provide, documentation related to bankruptcy filing (if applicable).

I WOULD LIKE THE FOLLOWING ADDITIONAL INFORMATION TO BE CONSIDERED:

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 C19LIDP may be revoked if I fail to notify the District of changes to my financial situation or living arrangements or if I have provided false information. This could result in discounts provided being rescinded and added to the account balance, termination of service and associated fees being applied.

APPLICANT SIGNATURE

DATE

Official District Use Only:

Date Received: _____ Received By: _____

Approved By: _____ Date: _____