

January 11, 2021

RE: CARES Federal Funding

Dear Customer,

We understand in this time of uncertainty and hardship, increasing struggles face our customers. The Lakewood Water District has received a Federal Grant from CARES Act to help our customers in this time of need.

The Lakewood Water District (District) CARES Utility Assistance Grant is designed to assist customers that have been affected by COVID-19. Payments are for District customer households impacted by COVID-19 that require assistance towards meeting their financial obligations related to eligible past-due water bills.

Grant funds are limited and will be issued until all funds have been allocated. Only one grant can be issued per eligible household address. Applications will be reviewed and approved by staff, and priority will be given to customers that have communicated with the District regarding their situation and have made an effort to make payments towards their balance. It is critical that you submit your completed application as soon as possible before the limited funding is allocated.

### **SIZE OF THE GRANTS AND EIGIBLE EXPENSES**

The District's CARES Utility Assistance Grant will provide payment for 2 to 6 months of eligible past due water bills.

### **ELIGIBILITY REQUIREMENTS**

1. Applicants property must be physically located within City limits.
2. Applicant must be a Lakewood Water District account holder with the account in their name. The primary water account holder must submit and sign the application to be eligible.
3. Renters are eligible only if the account is in their name.
4. Applicant must be delinquent on its District's water account for over 30 days as of March 1, 2020.
5. Applicant must certify they are a U.S. citizen or legal permanent resident; or the applicant is otherwise lawfully present in the United States pursuant to federal law.
6. Applicant must certify that their financial need is a result of COVID-19 and that they require assistance to pay their eligible, past-due water bills.

## **REQUIRED INFORMATION/DOCUMENTS:**

1. Completed Application.
2. A copy of a valid form of identification such as a Washington State driver's license or Washington State ID.
3. Proof of Hardship Documentation - Failure to attach documentation will delay your application. The documents should show proof you had a financial impact directly related to COVID-19.

Document/s that shows proof of financial impact directly related to COVID-19. (examples include below, but are not limited to these):

- Notice from employer of layoff or reduction in hours/pay or business closure.
- Paystub from pre-COVID-19 along with recent paystub showing a reduction in hours/pay.
- Letter from physician supporting the change in your work status due to COVID-19 circumstances.
- Notice or letter from child's school or childcare closure that prevents you from working.
- 2019 W2 and a recent paystub showing a reduction of income.

## **DEADLINE AND HOW TO APPLY**

Completed applications and all required documentation must be received **no later than April 30, 2021 by 12:00 p.m.** (noon).

Submission Options:

- Deliver your application with documentation in a sealed envelope and leave in the drop box that is located to the right of the front door of the District's building.
- Send your application packet via U.S. mail to Lakewood Water District, 11900 Gravelly Lake Drive SW, Lakewood, WA 98499-1412.
- Email your application to [lwdcare@lakewoodwater.org](mailto:lwdcare@lakewoodwater.org)

## **FUNDS AND TIMELINE LIMITED**

Please understand there is a limited amount of funding, and limited timeline to distribute. Once funds are depleted or deadline met, assistance will no longer be available.

For additional information refer to the District's website, [www.lakewoodwater.org](http://www.lakewoodwater.org). Customers wanting information on this program can also call (253) 588-4423.



# LAKWOOD WATER DISTRICT APPLICATION/CERTIFICATION OF FINANCIAL HARDSHIP RELATED TO COVID-19

## CUSTOMER INFORMATION:

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

## COVID-19 RELATED HARDSHIPS:

### A. INCREASED HOUSEHOLD EXPENSES RELATED TO COVID-19

Since March 01, 2020, household expenses have increased by approximately \$ \_\_\_\_\_ per month for the following COVID-19 related reasons **(check all that apply)**:

- Extra costs because of child's school or daycare has been closed under the State of Emergency, including childcare, food, and other related costs.
- Extra costs because one or more household members are working extra hours to respond to COVID-19 emergency, including childcare or transportation.
- Extra medical costs related to COVID—19 that are not covered by insurance.
- Other: \_\_\_\_\_

**(Documentation to demonstrate criteria eligibility is required)**

### B. 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 impact from COVID-19.

Describe impact:

***(Documentation to demonstrate criteria eligibility is required)***

### **C. 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)*:

*Attach additional pages if necessary.*

***(Documentation to demonstrate criteria eligibility is required)***

### **D. 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 household has paid partial utilities, to the extent it can, considering the financial hardship(s) noted above.
- 4) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

***(If you sign this form, all of the above statements under Section D must be true.)***

### **E. SIGNATURES**

This document is a formal application for utility debt relief through federal stimulus funding ("CARES Funds") under Section 601(a) of the Social Security Act, as amended by Section

5001 of the Coronavirus Aid, Relief, and Economic Security Act and Section V and VI of the CARES Act ("CARES Act") for the limited purposes identified in the Interagency Agreements between the Washington State Department of Commerce, Pierce County, and Lakewood Water District. If it is determined during the course of any subsequent audit by Lakewood Water District, Pierce County, the State of Washington, or the United States Government, that the utility customer was not entitled to any CARES funds that they received either in error or by false attestation, the customer will promptly reimburse the District for such payments upon request or have the amount added to their utility account balance.

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:

\_\_\_\_\_

Customer Signature

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

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

**For District Use Only**

Customer Premise # _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
If not approved, provide explanation:
_____
_____
_____
Approved By: _____ Date: _____