



City of Ephrata  
121 Alder Street Southwest  
Ephrata, Washington 98823

Phone: 509-754-4601  
Fax: 509-754-0912

Voice: 1-800-833-6384  
TDD: 1-800-833-6388

## **Utility Payment Plan for Single Family Residence and Small Businesses** **COVID-19**

A **temporary payment plan** has been established to provide relief on City utility bills for certain recipients impacted by the COVID-19 outbreak. Applications can be submitted by any individual or small business (20 or fewer employees) impacted financially by this national, state and local emergency.

This application with all supporting documents is due to City Hall by 4:30 p.m., August 31, 2021.

### **SECTION 1**

Name/ Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If Business: # of Employees: \_\_\_\_\_ Business Type: \_\_\_\_\_

Service Address: \_\_\_\_\_ Account #(s): \_\_\_\_\_

Please be ready to provide the following:

Driver's License, passport, or other photo ID

### **SECTION 2 – Complete only if you are applying as a SINGLE-FAMILY RESIDENT**

1. Are you employed? \_\_\_ Yes \_\_\_ No

Full time \_\_\_ Part time \_\_\_ Hrs/Week: \_\_\_\_\_

Wages: \_\_\_\_\_ Paid: \_\_\_ Weekly \_\_\_ Bi-weekly \_\_\_ Monthly

Occupation: \_\_\_\_\_

Employer's Name & Phone #: \_\_\_\_\_

2. Do you have a spouse or state registered domestic partner who lives with you? \_\_\_ Yes \_\_\_ No

Does she/he work? \_\_\_ Yes \_\_\_ No If so, take-home pay: \$ \_\_\_\_\_

Employer's name and phone #: \_\_\_\_\_

3. Names and ages of all dependents living with you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you and/or your spouse or state registered domestic partner receive unemployment, Social Security, or workers' compensation? \_\_\_ Yes \_\_\_ No

If yes, please provide all statements/stubs dating back to March 2020.

5. Do you receive money from any other source, including but not limited to rental income, dividends, veterans' benefits, pensions/retirement income, etc.? \_\_\_ Yes \_\_\_ No

If yes, how much? Include total from all sources. \$ \_\_\_\_\_

6. Do you or have you received any DSHS assistance in the last 18 months? \_\_\_ Yes \_\_\_ No  
If yes, circle below what applies and provide statements dating back to March 2020.

- a. SNAP
- b. TANF
- c. Child Support
- d. Any other State Assistance

---

---

**SECTION 3 – Complete only if you are a SMALL BUSINESS OWNER (with 20 or fewer employees)**

What is your average month income – Prior to COVID 19: \_\_\_\_\_

What is your current monthly income – During COVID 19: \_\_\_\_\_

---

YOU WILL BE REQUIRED TO PROVIDE SUPPORTING DOCUMENTAION: Notice of layoff, unemployment benefits statements, etc.. Indicate below how you have been impacted by the COVID-19 outbreak. Additional documentation may be requested.

I am requesting relief for my utility bill due to the following reasons: \_\_\_\_\_

---

---

---

---

---

AFFIDAVIT: I swear under the penalty of perjury of the laws of the State of Washington, that I understand the questions of this application and that all the statements on this application are true. Any false statement, including omission, of information on this form is subject to a gross misdemeanor.

**SHOULD I BE GRANTED A PAYMENT PLAN, I WILL NOTIFY THE UTILITIES OFFICE IMMEDIATELY OF ANY CHANGE IN CIRCUMSTANCES SPECIFIED IN SECTION 2 OR SECTION 3.** I understand that I am only allowed to miss one payment under this payment arrangement. Missing a second payment will result in this payment plan becoming null and void and my utilities will be disconnected. At that time, I will need to pay the entire balance to restore services. I understand that should this application be challenged for any reason, I may be asked to sign a release which will allow the city to verify the information on this application with the Internal Revenue Service of the federal government or other sources as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY Below This Line**

Verification Procedures:

---

---

---

---

---

Performed by: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_