

**CITY OF KELSO  
COVID-19  
FINANCIAL HARDSHIP QUESTIONNAIRE**

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL-FOR CITY USE ONLY

Please fill out form completely. Applicant name must be person who is on the Utility Account

**Contact Info**

Date \_\_\_\_\_

Name on Utility Account \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you a **(circle one)** Property Owner or Renter *Note: If you are renting we will require written authorization from the property owner before we can approve any arrangements.*

Service Address \_\_\_\_\_

Mailing address if Different \_\_\_\_\_

Email Address \_\_\_\_\_

**Employment & Income information**

*We may require documentation to verify information provided below.*

Employer or Name of Business \_\_\_\_\_

Date of work reduction due to COVID-19 \_\_\_\_\_

Expected date to reopen (if known) \_\_\_\_\_

Last day worked \_\_\_\_\_ Are You On Stand By: YES or NO **(circle one)**

Are you receiving Paid Leave? **(circle one)** YES or NO How many weeks \_\_\_\_\_

Unemployment Status **(circle one)** APPLIED APPROVED DENIED PENDING NOT ELGIBLE

Please list any other household income: \_\_\_\_\_

Any other information you would like to add: \_\_\_\_\_

\_\_\_\_\_

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**CITY USE ONLY**

Amount of Bill \_\_\$\_\_\_\_\_ Effective on \_\_\_\_\_ to \_\_\_\_\_

Monthly payment amount (no less than \$50.00) \_\_\_\_\_