

**Sworn Statement of COVID-19 Related Financial Hardship and
Request to Negotiate a Residential Service Deferred Payment Agreement**

Utility Name: _____

Account Number (if known): _____

Customer Name: _____

Service Address: _____

Mailing Address (if different): _____

Telephone Number (if you have one): _____

Email Address (if you have one): _____

DECLARATION:

I hereby declare, under penalty of perjury, that I am experiencing a financial hardship¹ related to the ongoing COVID-19 public health disaster emergency.

I hereby request to negotiate and enter into a deferred payment agreement with the public utility indicated above.

I understand that any agreement negotiated with the public utility does not relieve or excuse my obligation to pay for any public utility service received before, during or after the COVID-19 public health disaster emergency.

I hereby certify that all statements contained in this application are true to the best of my knowledge.

Name (printed): _____

Name (signature): _____ Date: _____

¹ "Financial hardship" means that your liquid assets, including federal and state financial support, are insufficient to pay for the reasonable cost of food, housing, health care and other goods and services necessary for health and wellness of the yourself, your spouse and dependents.