

**Hood Canal Communications  
Application and Certification of  
Financial Hardship Related to Covid-19  
Version 2**



**Customer Information:**

Name(s):

Mailing Address:

Service Address:

Phone / Email:

Type of Service:      Internet      Telephone      Video service is not eligible for ARPA assistance.

**Covid-19 Related Hardships:**

***Increased household expenses related to Covid-19***

Since March 01, 2020, household expenses have increased 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: \_\_\_\_\_

***Loss of Income Related to Covid-19***

One or more of the adults in the household who contribute to the payment of monthly bills:  
[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:  
\_\_\_\_\_  
\_\_\_\_\_

**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]:

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[attach additional pages if necessary]

**Certification of Financial Hardship**

The undersigned hereby certify and attest that all of the following are true:

1. Because of the loss of income and/or increase in expense described above, the household cannot pay past due charges 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 past due charges is caused by a financial impact from COVID-19 as described above.
3. The household has partially paid for services, 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.

Proof of financial hardship due to Covid is required. Include documentation that proves hardship such as a job loss, reduced work hours, lay off, illness or other circumstance leading to a significant reduction in household income or increase in expenses.

**Signatures**

This document is a formal application for internet and telephone service debt relief through the American Rescue Plan Act [ARPA] for the limited purposes identified in the Interagency Agreements between the Washington State Department of Commerce, Mason County, and Hood Canal Communications [HCC]. If it is determined during the course of any subsequent audit by HCC, Mason County, the State of Washington, or the United States Government, that the HCC customer was not entitled to any ARPA funds that they received either in error or by false attestation, the customer will promptly reimburse HCC for such payments upon request or have the amount added to their account balance. I consent to the disclosure and release of all information gathered during the Financial Hardship Related to Covid-19 application process and details of award granted under the program by Hood Canal Communications to Mason County.

I swear under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge. Signed and attested to as true as of the date set forth below:

Print Name: \_\_\_\_\_

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

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

*Internal Use Only*

Internet past due balance \_\_\_\_\_ as of \_\_\_\_\_ by \_\_\_\_\_

Telephone past due balance \_\_\_\_\_ as of \_\_\_\_\_ by \_\_\_\_\_

Total ARPA funds applied to account \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_