

**SWORN STATEMENT OF FINANCIAL HARDSHIP DUE TO
COVID-19 PUBLIC HEALTH DISASTER EMERGENCY**

I am experiencing financial hardship (as defined below) related to the COVID-19 public health disaster emergency. I am a natural person receiving residential utility service from Kodiak Electric Association, Inc (“Utility”) and submit this sworn statement in order avoid disconnection of utility service for nonpayment.

I understand that “financial hardship” means that my liquid assets from any source, including payments from the state or federal government because of the COVID-19 public health disaster emergency or a state or national disaster declaration related to COVID-19, when combined, would be insufficient to pay the reasonable cost of food, housing, health care, and other goods and services vital to the health and wellness of the person and the person's spouse and dependents.

The COVID-19 public health disaster emergency has **caused me financial hardship** for the following reasons (check all that apply):

- I have been diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention.
- My spouse or dependent (a child or relative who receives more than half of his or her support from you) has been diagnosed with COVID-19 by such a test.
- I have been quarantined, furloughed, laid off, or having work hours reduced due to COVID-19.
- I have been unable to work because of lack of childcare due to COVID-19.
- I own or operate a business that has closed or had operating hours reduced due to COVID-19.
- I have experienced financial hardship due to other COVID-19-related reasons (describe):

_____.

I understand that in order to avoid disconnection for nonpayment of Utility bills, I must, in addition to executing this sworn statement, enter into a deferred payment agreement with Utility. I have signed the Utility’s deferred payment agreement attached to this sworn statement.

I understand that avoiding payment for Utility’s service during the COVID-19 public health disaster emergency does not relieve me of the obligation to pay for Utility’s service or restrict Utility’s right to recover past due amounts.

No notary public or other official empowered to administer oaths is available; therefore,

I certify under penalty of perjury the foregoing is true.

Executed this _____ day of _____, 2020, at _____, Alaska

Printed Name

Signature