



**UTILITY DECLARATION OF FINANCIAL HARDSHIP RELATED TO COVID-19  
(FOR AN INDIVIDUAL)**

**PLEASE RETURN COMPLETED FORM TO CITY HALL**

I, \_\_\_\_\_, declare under penalty of perjury that the  
(print customer name)

following is true:

1. I am a full-time year-round resident of the Nome area and connected to the NJUS Grid.
2. As a result of the COVID-19 public health disaster emergency, money available to me from all sources, including payments from the state or federal government because of the COVID-19 public health disaster emergency, is insufficient to pay the reasonable cost of food, housing, health care, and other goods and services vital to my health and wellness or that of my spouse and dependents ("COVID-19 Financial Hardship").
3. This hardship which may be related but not limited to loss of employment, a reduction in work hours, extra expenses because of COVID-19, etc., has existed since or started subsequent to March 1, 2020, and is still in effect as of the date of this Declaration.
4. I am applying to the City of Nome for an initial \$300.00 assistance grant, to be applied to my NJUS Utility Bill, and wish to be considered for any future COVID-19 assistance programs that may become available to assist residents.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Account #