



City of Kingman COVID-19 Residential Utility Relief Fund

Program Overview

The City of Kingman has established the Residential Utility Relief Fund to assist customers that have been financially burdened due to the COVID-19 pandemic. The Residential Utility Relief Fund will apply a \$200.00 credit to December utility statements for coverage of utilities from March 1, 2020 to December 31, 2020. Program funds are available through Strengthening People and Revitalizing Kansas (SPARK) funds allocated to Kingman County. Funding is limited and not guaranteed. Only one application per account and per person will be accepted. Contact the City of Kingman with questions.

Eligibility Criteria

1. Residential customers with utilities provided by the City of Kingman, and,
2. Households that have been negatively and financially impacted by the COVID-19 pandemic and such impacts can be documented, and,
3. Submit an application with documentation between November 1 and November 20, 2020.

Application

Customer: _____ Phone Number: _____

Service Address: _____

Please remember this program is for households that have had documented financial hardships due to the pandemic. Without sufficient documentation, applications must be denied. Conditions that will generally be accepted are as follows: loss of employment, reduced work hours, furlough, required quarantine, COVID-19 diagnosis, missing work to care for others with COVID-19, changes in living situation, expenses that were unexpected due to the pandemic, or any other rationale that can demonstrate a financial hardship due to the pandemic. Priority will be given to those receiving benefits through any of the following programs (proof of benefits is required for priority status):

- Medicaid
- Public Housing
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- National School Lunch Program (NSLP)
- Head Start or Early Head Start
- Low Income Home Energy Assistance Program
- Women's Infant and Children Program (WIC)
- Federal Pell Grant
- VA Pension or Disability
- Tribal Assistance

Basis for Application: (Select ALL that apply)

- _____ Member(s) of household lost employment. (Provide unemployment documentation from Kansas Department of Labor)
- _____ Member(s) of the household had work hours reduced. (Provide signed letter from employer on employer’s letterhead stating reduced hours)
- _____ Member(s) of the household were under a quarantine order. (Provide letter or other document from Health Department pertaining to required quarantine)
- _____ Member(s) of household had positive COVID-19 test(s). (Provide letter or other document on doctor/clinic letterhead stating COVID-19 diagnosis)
- _____ Member(s) of the household missed work due to caring for someone with COVID-19. (Provide documentation showing missed work due to caring for someone with COVID-19)
- _____ Household had unexpected or unbudgeted expenses due to pandemic-related issues. (Documentation of unbudgeted or unexpected expenses that were required due to the pandemic that has impacted the household)
- _____ Change in living situation as a result of COVID-19 that has caused a financial strain on the household budget (Attach documentation of divorce, separation, or other relationship issues)
- _____ Any other basis related to the pandemic that has caused economic hardships. (Provide documentation that clearly demonstrates the economic difficulty caused by the pandemic)

Certification:

I certify that the information provided in this application is true and accurate. I also understand that this program is to assist customers that have a demonstrated financial hardship due to the COVID-19 pandemic. I finally understand that my application will be denied without sufficient documentation of my financial hardship.

Signature: _____ Date: _____

Return applications by November 20, 2020, to the City Hall drop box, by fax at (620) 532-2147, or by email at economicdevelopment@cityofkingman.com.

Applicant Check List:

- _____ Completed Application (required)
- _____ Proof of inability to pay utilities due to COVID-19 (required)
- _____ Documentation of benefits (for priority status only, not required to apply for program)

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_____ Completed Application & Required Documentation _____ Priority Status Documents
Reviewed by _____ Date _____