



**SELF-CERTIFICATION:
STATEMENT OF NEED AND QUALIFICATION FOR CARES ACT UTILITY
ASSISTANCE (revised 12-31-20)
(please print in blue or black ink)**

Name _____ Date _____

Address _____ City _____ Zip _____

Phone (PLEASE ANSWER YOUR PHONE!): _____

Email: _____

I live in Tulsa County.

I rent my home/apartment.

Someone in my household has suffered loss of income due to COVID-19 (for reasons including but not limited to: place of work closed; place of work reduced hours; can't find a job; was ill with COVID; had to stay home to care for a family member with COVID or a child attending online school; still haven't received a stimulus check). I am unable to cover the cost of utilities because my household income has dropped too low to cover all my expenses, including rent, food, medical and/or transportation OR my utilities and/or rent has increased during COVID-19.

The unpaid bills I am submitting are for electricity and gas used after March 1, 2020.

How many people currently live in your household? _____

Has someone in your household received this assistance before? Yes or No . If so, what agency helped

them? _____ and how much was paid on your bills? _____

Utility Company Name	Name and Number on Account	Amount
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Utility Company Name	Name and Number on Account	Amount
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By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge.

Signature

Print Name

Witness to Signature

Print Name