



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540
650-903-6317 • FAX 650-968-1786

**COVID-19 UTILITY BILL ASSISTANCE PROGRAM APPLICATION
(FOR RESIDENTIAL ACCOUNTS ONLY)**

1. YOU AND YOUR HOUSEHOLD

Applicant Name *(as it appears on City of Mountain View utility bill)*

Utility Account No. *(12 digits)*

Service Address, City, State, Zip

Primary Phone

Alternate Phone

E-mail Address

Number of people in your household at this address: Adults _____ + Children *(under 18)* _____ = _____

2. FINANCIAL HARDSHIP ELIGIBILITY

- Loss of employment Yes No
- Reduced employment/wages Yes No
- Increased medical costs Yes No
- Increased child-care costs Yes No
- Household income at or below 80% of AMI *(see next page)* Yes No

3. DECLARATION AND SELF-CERTIFICATION

By signing this declaration, under penalty of perjury, I certify that I am eligible for the City of Mountain View COVID-19 Utility Bill Assistance Program. I acknowledge that I have read and understood the contents of this application.

- I reside at the service address above and the utility bill is in my name.
- I have included my most recent utility bill with this application.
- I will receive a one-time only credit of \$50 to be applied on my next utility bill.
- I understand this program is offered on a first-come, first-served basis until funds run out.
- The unpaid balances on my bills are still my responsibility, and I intend to pay them in full.
- The information I have provided herein is true and correct.

Account Holder Signature

Date

Mail the complete and signed application with your most recent utility bill to the above address or drop off in the Utility Payments Drop Box to the left of the entrance of City Hall

FINANCE DEPARTMENT USE ONLY			
Date Received _____	Status	A D	Status Date (UBS) _____ Staff Initial _____



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540
650-903-6317 • FAX 650-968-1786

The 2020 Median Family Income for Santa Clara County is \$141,600.

The U.S. Department of Housing and Urban Development (HUD) establishes income limits based upon the Area Median Income (AMI) for each county in each state.

HOUSEHOLD SIZE	INCOME LIMIT
1 Person	\$78,550
2 Persons	\$89,750
3 Persons	\$100,950
4 Persons	\$112,150
5 Persons	\$121,150
6 Persons	\$130,100
7 Persons	\$139,100
8 Persons	\$148,050