



APPLICATION FOR DONATION

Internal COVID-19 relief fund

1. Membership Name: _____
2. Member Number: _____
3. Other Adult Members of the household:
 - a. _____
 - b. _____
 - c. _____
4. Mailing Address: _____
5. Phone Number: _____

Home	Work	Cell
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6. _____ Did you or another adult member of your household lose your primary employment due to COVID-19?
7. _____ Have you or another adult member of your household contracted COVID-19?
8. _____ Are you or another adult member of your household have had to care for the elderly, family member, or a child at your home due to them contracting COVID-19?
9. Amount due on your High Plains Power account? _____
10. Requested amount _____? (The maximum relief amount be will smaller of the amount due on your account or \$300.00)

Self-Certification – I agree that all statements are true and accurate. I understand that monies that are awarded will be applied to my account and used ONLY for my electric bill. Refunds will not be granted if monies are approved. If High Plains Power determines I made false statements, the award will be removed, and my account could be placed into past due status. I also understand that it is my full responsibility to pay ALL past due amounts and keep my account current. Members with multiple accounts will need to document which account they would like the relief to be applied.

Signature of Applicant

Date

**** A copy of valid Picture ID is required to be attached to this application ****