

WISE ELECTRIC COVID-19 PROOF OF HARDSHIP APPLICATION

Date _____

Member _____ Account _____

Address _____ City _____

State _____ ZIP _____

PLEASE SELECT ONE:

MODIFIED PRE-PAY (COVID-19)

I, _____ (member's name), seek aid in paying my delinquent electric bill and request WEC to consider a special retirement of my prior years' capital credits (at the cooperative's normal discount rate) in an amount that will result in a cash payment not to exceed 50% of the delinquent bill(s) after any deposit on my account has been applied for the billing period from March 2020 through June 2020. I understand that this request is contingent on my compliance with all of the terms of the Delinquent Deferral Program. I also attest that I have suffered hardship and been adversely affected by the COVID-19 pandemic in the following manner:

DEFERRAL CONTRACT

I, _____ (member's name), seek aid in deferring my delinquent electric bill for the billing period from March 2020 through June 2020 not to exceed 6 months. I understand that I do not receive any discounted capital credits to apply to my delinquent account with a deferral contract. I understand that if I default on the contract the balance is due and all fees/ penalties will apply. I also attest that I have suffered a hardship and been adversely affected by the COVID-19 pandemic in the following manner:

Employment

My employer has ceased operations and I am unable to work

I am unable to work due to school closures

I am unable to work due to flu-like symptoms and my employer's sick/pandemic policy

Other _____

Employer's Name _____

Medical

I have tested positive for COVID-19 or have been quarantined

I am caring for a family member that has tested positive for COVID-19

Other _____

Doctor's Name _____

Member's Signature _____