AFFIDAVIT OF FEDERAL GOVERNMENT EMPLOYMENT AND INCOME INTERRUPTION

Customer Name: _____
Service Address: _____
Account Number: _____
Phone Number: _____
Email Address: _____

Purpose

This affidavit is submitted to request temporary relief under the **Temporary Water Bill Penalty and Service Disconnection Exemption Policy** for federal government employees affected by the current federal government shutdown.

Affidavit Statement

I, _____ (print name), hereby affirm and attest to the following:

1. I am currently employed by the United States Federal Government and/or represent a federal agency.
2. My regular income has been suspended or reduced as a direct result of the ongoing federal government shutdown.
3. I am experiencing temporary financial hardship due to this lapse in income.
4. I am requesting relief in accordance with the utility's temporary exemption policy, which may include:
   - Waiver of late payment penalties,
   - Exemption from water service disconnection, and
   - A flexible payment plan upon the resumption of government operations.
5. I understand that this exemption is temporary and agree to make arrangements to bring my account current once regular pay resumes.

Verification of Eligibility Status

Please attach one of the following as proof of federal employment (check one and include copy):

☐ Federal employee ID badge

☐ Recent pay stub

☐ Official correspondence verifying employment status

☐ Other approved verification document: _____

Note: Submission of this affidavit and verification documents does not guarantee approval. All applications are subject to eligibility review by staff.

Customer Certification:

I certify under penalty of perjury that the information provided in this affidavit is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Subscribed and sworn to before me, a person authorized by law to administer oaths, by means of physical presence, this____ day of _____ ,20___, at_____ .

_____
(Signature of Person Administering Oath/Notary)

_____
(Printed Name of Person Administering Oath/Notary)

(Notary Seal)

For CCUA Office Use Only

Received by: _____
Date Received: _____
Reviewed by: _____
Approved: ☐ Yes ☐ No
Date of Approval: _____