



COVID-19 CARES Act Assistance Program
Self-Certification of COVID-19 Impact

Account Holder Information:

First Name: _____

Last Name: _____

KIUC Service Address: _____

Service City/State/Zip: _____

KIUC Account Number: _____

Contact Information:

Home Phone: _____ Cell Phone: _____

Email Address: _____

I certify that my household has been financially impacted by COVID-19.
(Please check box if this statement applies)

Signature

Date