



### **COVID-19 AFFIDAVIT**

To be completed and signed by the applicant whose household has been affected by the COVID-19 pandemic. This completed form must be included for an application to qualify for the COVID-19 assistance through the REACH program.

**I, \_\_\_\_\_, state that my ability to pay my**

Your name

**PG&E bill has been affected by the COVID-19 pandemic.**

My household has been affected in the following way(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The events above happened on or about: \_\_\_\_\_

Date

**I understand that I can be denied a REACH program grant for making false statements and do reaffirm that all claims here are complete and truthful to the best of my knowledge.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PG&E Account Number:** \_\_\_\_\_