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DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Memorandum

To: Municipal Utility Relief Program Awardees
From: David Conmy, Virginia Department of Housing and Community Development (DHCD)
Date: April 22, 2021
Re: Budget Language on One Relief Payment Limitation and New Program Closeout Date

As a follow-up to the memo emailed to you on March 16, 2021, please note that the final budget has been enacted. **Accordingly, eligible customers can now receive more than one direct payment subsidy through the municipal utility relief program.** The enacted budget language is available at the following link: <https://budget.lis.virginia.gov/item/2021/2/HB1800/Chapter/1/479.10/>

As stated in the previous March 16, 2021, memo, **it is imperative for new customer attestation forms to be collected for the additional relief payments so that proper documentation can be accounted regarding customers who receive more than one payment. Also, given that customers can now receive more than one payment, please be sure that your customer intake forms are updated so that details are recorded that distinguish the arrearage dates of the additional applications from the arrearage dates of their first application to ensure that no overlap of CARES Act relief payments occurs.** The attached updated model customer intake form can be used for that purpose.

Finally, given the change in budget language governing this program, **DHCD is now requiring awardees and their partner fiscal agent city/county to initiate closeout of their relief programs by November 1, 2021, in order to return funds to the Commonwealth by December 1, 2021. This is a departure from the previous December 31, 2021, deadline that DHCD established in its [January 11, 2021, memo](#) to awardees.** This change will allow for greater compliance with the Governor's authority to shift unspent allocations to certain other purposes outlined in the budget (please see link in the first paragraph).

Accordingly, **we encourage all participating municipal utilities and their partner city or partner county (where applicable) to print and retain a copy of this memo for their records.** In the previous memo issued on January 11, 2021, DHCD and the Virginia Department of Accounts (DOA) affirmed and attested that any existing or future certifications containing the previous January 29, 2021, return deadline and associated language would be interpreted and enforced as if December 31, 2021, was in the certification language. Given this change to accommodate the December 1, 2021, deadline, Item 5 of the certification shall now be read and/or be interpreted as follows:

Any funds that are not expended or that will not be expended on necessary expenditures incurred before November 1, 2021, by the municipal utility or its grantee(s), must be returned to Commonwealth of Virginia no later than December 1, 2021, and that the Commonwealth of Virginia is entitled to invoke State Aid Intercept to recover any such unexpended funds.

Please note that the November 1, 2021, deadline to initiate closeout for returning unspent funds shall also function as the end of the “covered period” for which eligible arrearages may be addressed. Accordingly, for purposes of the COVID-19 Municipal Utility Relief Program, the “covered period” will now cover the period of March 1, 2020, to November 1, 2021.

COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance

Model Customer Intake Form

GENERAL INFORMATION

1. Date of Customer's Application: _____
2. Account Number or Other Unique Identifier of the Customer Utility Bill: _____
3. Total Arrearage from March 1, 2020 – November 1, 2021 that is due: _____
 - a. (Provided by Municipal Utility with statement demonstrating amount attached)
4. Date period for requested arrearage relief: _____
 - a. (Provided by Municipal Utility)
 - b. **Applicants can only receive relief for arrearages from covered date periods that do not overlap with dates for which they have previously received relief through the CARES Act.**
5. Street Address (where utility service is provided): _____
6. City or County (where utility service is provided): _____
7. **State (where utility service is provided):** _____
8. **ZIP Code (where utility service is provided):** _____
9. Customer Phone Number: _____
10. Customer Type:
 Residential
 Non-Residential

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Residential Account Holder:

First	M.I.	Last	(Maiden)
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2. For residential customers: place mark beside the applicable cause of economic hardship if you or a person in your household has experienced a loss of income due to the COVID-19 pandemic (check all that apply):

_____ been laid off;

_____ place of employment has closed;

_____ have experienced a reduction in hours of work;

_____ must stay home to care for children due to closure of day care and/or school;

_____ lost child or spousal support;

_____ not been able to work or missed hours due to contracting COVID-19;

_____ unable to find work due to COVID-19;

_____ unwilling/unable to participate in previous employment due to high risk of severe illness from COVID-19

_____ other (describe) _____

NON-RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Non-Residential Account Holder: _____

2. Property Name: _____

3. Is the utility fee arrearage due to economic hardship experienced by the customer as a result of the COVID-19 pandemic? (Check Y/N)

4. _____ YES (Eligible for relief; provide explanation below.)

5. _____ NO (Not eligible for relief.)

6. Provide an explanation of the COVID-19 related economic hardship:

CARES Act assistance application may:

- Assist for bills dated March 1, 2020, to November 1, 2021, and may not be used for past due amounts prior to this time period or after this time period.
- Funding is designed to be a one-time opportunity, with only one payment per household (for residential) or account holder and their successors (for non-residential).
- Funding can be used for the following bills:
 - _____ Water
 - _____ Wastewater
 - _____ Electric
 - _____ Gas

Applicant's Certification:

- I desire to receive any assistance to which I am legally entitled under this program and its specifications.
- I certify that the reason I am eligible for this CARES Act assistance is correct to the best of my knowledge and belief.
- I understand that my signature on this form gives permission for the staff at (insert name of city or county and municipal utility) to verify records as necessary to verify my eligibility for assistance.
- I declare to the best of my knowledge that:
 - o (1) for residential applicants: I am the only person living in the household at the address shown on this form who has applied for this assistance, or
 - o (2) for non-residential applicants: I am the only person who has applied for/on behalf of the non-residential account holder, including their successors, at the address shown on this form and that I am not a government account holder.
- I certify that this customer has not received CARES act relief for any of the arrearages I am applying for from any other source including Rebuild VA Grants.
- I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to or apply for assistance at more than one site, I can be prosecuted for fraud and/or denied assistance in the future.
- I understand that the agencies involved in this program may verify all of the information which I have provided.
- I understand and my signature on this form gives permission to (insert name of municipal utility) to which I am applying to verify information concerning my need for assistance.
- Others?

Printed Name

Signature

Title (for non-residential account holders)

Municipal Utility Intake Information:	ACTION TAKEN	Screeener	Date