

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)

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