COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility ArrearageAssistance

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 – December 30, 2020 that is due.** _____
4. **Street Address (where utility service is provided):** _____
5. **City or County (where utility service is provided):** _____
6. **State (where utility service is provided:** _____
7. **ZIP Code (where utility service is provided):** _____
8. **Customer Phone Number:** _____
9. **Customer Type:**

☐ **Residential**

☐ **Non-Residential**

***RESIDENTIAL* CUSTOMERS COMPLETE THIS SECTION**

1. **Name of Residential Account Holder:**

_____

First **M.I.** **Last**

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 of hours of work

☐ Must stay at 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 December 30, 2020, 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
  - ☐ Sewer

_____

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 the City of Staunton to verify records as necessary to verify my eligibility for assistance.
- I declare to the best of my knowledge that:
- 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
- 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 the City of Staunton to which I am applying to verify information concerning my need for assistance.

Printed Name _____ **Signature** _____

_____

Title (for non-residential account holders)

Please return this form no later than Tuesday, January 19, 2021, 5:00 p.m. You may return this form by:

- Drop off in the City Drop Box (green box next to Clocktower Convenience Store on N. Central Ave.)
- Drop off at Staunton City Hall (Utility Payment Office on the first floor.)
- Email to: moyersjl@ci.staunton.va.us
- Fax to: 540-851-4017
- Mail to: City of Staunton, Attn: Jessie Moyers, PO Box 58, Staunton, VA 24402-0058

****If Mailing: Form MUST BE RECEIVED NO LATER THAN 5:00 PM ON TUESDAY, JANUARY 19, 2021 TO BE CONSIDERED.**

Municipal Utility Intake Information:

Action Taken	Screener	Date