

# COVID-19 MUNICIPAL REPAYMENT PLAN

## Customer Application

### 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 31, 2021 that is due (Provided by Municipal Utility with statement demonstrating amount attached): \_\_\_\_\_
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                      (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:

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

**Applicant's Certification:**

- I desire to receive any assistance to which I am legally entitled under Governors Order.
- I certify that the reason I am eligible for the repayment plan 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 Wythe County Water and Wastewater Department 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 will be held responsible for all account charges.
- 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 Wythe County Water and Wastewater Dept. to which I am applying to verify information concerning my need for assistance.
-

**Printed Name**

**Signature**

\_\_\_\_\_

**Title (for non-residential account holders)**

<b>Municipal Utility Intake Information:</b>	<b>ACTION TAKEN</b>	<b>Screener</b>	<b>Date</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____