

COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance

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

List Title (for non-residential account holders)

Municipal Utility Intake Information:	ACTION TAKEN	Screener	Date

