

COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance

GENERAL INFORMATION

1. Date of Customer's Application: _____
2. Account Number or Another Unique Identifier of the Customer Utility Bill: _____
3. Total Arrearage from March 1, 2020 – December 30, 2020 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)
____ **YES** (Eligible for relief; provide explanation below) ____ **NO** (Not eligible for relief)
4. 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
 - ____ Wastewater
 - ____ Electric
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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 **City of Manassas Utilities** 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 **City of Manassas Utilities** 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	Screener	Date