COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance

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 (<u>Provided by Municipal</u> <u>Utility with statement demonstrating amount attached</u>):
- 4. Street Address (where utility service is provided):_____
- 5. City or County (where utility service is provided):______
- 6. <u>State (where utility service is provided):</u>
- 7. <u>ZIP Code (where utility service is provided)</u>:
- 8. Customer Phone Number:
- 9. Customer Type:

Residential

Non-Residential

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

M.I.

1. Name of Residential Account Holder:

First

(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;

Last

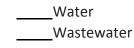
- _____ must stay home to care for children due to closure of day care and/or school;
- _____ lost child or spousal support;
- _____ not been able to work or missed hours due to contracting COVID-19;
- _____ unable to find work due to COVID-19;
- _____ unwilling/unable to participate in previous employment 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 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:



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 **Sussex Service Authority** to verify records as necessary to verify my eligibility for assistance.
- I declare to the best of my knowledge that:(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 (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 **Sussex Service Authority** 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	on:	ACTION TAKEN	Screener	C	Date