

# 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 (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:

**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

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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 **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?

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**Printed Name**

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**Signature**

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

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