



COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance Application Form

The completion of this form does not guarantee eligibility for relief. Please fill out the form in its entirety and return it by 5 pm on April 5, 2021, to the Finance Department at Town Hall (100 E. Main St., Christiansburg, VA 24073).

CARES Act assistance application will assist for bills due May 1, 2020, through February 1, 2021, and may **NOT** be used for past due amounts prior to this time period.

Funding is designed to be a one-time opportunity, with only one payment per household (for residential) or per account holder and their successors (for non-residential).

Funding can ONLY be used for the water and wastewater bills. Funding **CANNOT** be used to pay stormwater, solid waste, penalties and other fees.

GENERAL INFORMATION

1. Date of Customer's Application _____
2. Account Number or Other Unique Identifier of the Customer Utility Bill _____
3. Total Arrearage from May 1, 2020, through February 1, 2021 that is due \$ _____
4. Address (where utility service is provided) _____
City _____ State _____ Zip _____
5. Customer Phone Number _____
6. Customer Email Address _____
7. Customer Type (Check one.)
 Residential
 Non-Residential

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION



1. Name of Residential Account Holder _____
First M.I. Last (Maiden)
2. For residential customers, check 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 one.)
 - Yes (Eligible for relief; provide explanation below.)
 - No (Not eligible for relief.)
4. If yes to number 3, then provide an explanation of the COVID-19 related economic hardship below.



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 staff at the Town of Christiansburg to verify records as necessary to verify my eligibility for assistance.
I declare to the best of my knowledge that:
- 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 the Town of Christiansburg to which I am applying to verify information concerning my need for assistance.
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
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.

Printed Name

Signature

Title (for non-residential account holders)

Municipal Utility Intake Information: Official Town use only
Reviewed by _____ Date _____
Amounts verified _____ Date _____
Direct assistance payment posted _____ Date _____
Location ID _____ Customer Number _____
VAcares _____ GFsupport _____