



## **COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM**

### **Utility Arrearage Assistance**

#### **Customer Intake Form**

*ONLY Portsmouth Utilities customers need apply. Complete this form, print, sign (pdf signatures acceptable), and place in Public Utilities drop box located outside of City Hall (801 Crawford Street) or email [portsmouthutilityrelief@portsmouthva.gov](mailto:portsmouthutilityrelief@portsmouthva.gov). Applications will be accepted until November 17, 2021 or until all funds have been awarded. Please note, funds are limited and are available on a first come first serve basis. Additionally, applications will not be considered past the deadline.*

#### **GENERAL INFORMATION** (All Applicants fill in this section.)

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 – November 17, 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):** PORTSMOUTH
6. **State (where utility service is provided):** VIRGINIA
7. **ZIP Code (where utility service is provided):** \_\_\_\_\_
8. **Customer Phone Number:** \_\_\_\_\_
9. **Customer Type:**        Residential        Non-Residential

#### **RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION**

*(Only Residential Applicants fill in this section, i.e. single family dwellings, parsonages, multi-family dwellings, etc.)*

1. **Name of Residential Account Holder:**

\_\_\_\_\_

**First Name      M.I.              Last Name                      (Maiden Name)**

2. **For residential customers: select the applicable causes 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**

(Only Non-Residential Applicants fill in this section, i.e. business locations, business owners, religious facilities, etc.)

**1. Name of Non-Residential Account Holder:**

\_\_\_\_\_ **First Name**    **M.I.**    \_\_\_\_\_ **Last Name**    \_\_\_\_\_ **(Maiden Name)**

**2. Property Name:** \_\_\_\_\_

**3. Is the utility fee arrearage due to economic hardship experienced as a result of the COVID-19 pandemic?**  
\_\_\_\_\_ **NO** (Not eligible for relief.)                      \_\_\_\_\_ **YES** (Eligible for relief; provide explanation below.)

**4. Provide an explanation of the COVID-19 related economic hardship to your non-residential property:**  
\_\_\_\_\_

**CARES Act assistance application may:**

- Assist for bills dated March 1, 2020, to November 17, 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 account holder and their successors (for non-residential).
- Funding can be used for water and/or wastewater 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 the CITY OF PORTSMOUTH 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 PORTSMOUTH to which I am applying to verify information concerning my need for assistance.

(Residential and Non-Residential Applicants **Sign Here**)

\_\_\_\_\_ **First Name**    **M.I.**    \_\_\_\_\_ **Last Name**    \_\_\_\_\_ **Signature**

\_\_\_\_\_ **Title in the Company** (For non-residential account holders, i.e. owner, president, treasurer)

**Municipal Utility Intake Information**

**Screener First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_ **Approved**    \_\_\_\_\_ **Not Approved**    \_\_\_\_\_ **Pending More Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_