



COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance

Customer Intake Form

(ONLY active Portsmouth Public Utilities customers need apply. Complete this form, print, sign (pdf signatures acceptable), and place in Public Utilities' drop box outside City Hall, 801 Crawford Street or email portsmouthutilityrelief@portsmouthva.gov by midnight January 22, 2021 . Applications cannot be considered past this deadline. Limited funds are on a first-come-first-served basis.)

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 – 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):** **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)
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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 December 30, 2020, 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**

