



County of Gloucester

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Department of Public Utilities
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Gloucester, Virginia 23061

www.gloucesterva.info

COVID-19 UTILITY RELIEF PROGRAM GLOUCESTER COUNTY UTILITY ARREARAGE ASSISTANCE CUSTOMER APPLICATION

GENERAL INFORMATION

DATE: _____

NAME OF RESIDENTIAL ACCOUNT HOLDER:

ACCOUNT NO: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL

ADDRESS: _____

CUSTOMER TYPE: (CHECK ONE)

_____ RESIDENTIAL

_____ NON-RESIDENTIAL

TOTAL PAST DUE SINCE APRIL 1, 2020: \$ _____

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

1. FOR RESIDENTIAL CUSTOMERS: PLEASE 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 SCHOOL/DAYCARE
- 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) _____

2. PLACE OF EMPLOYMENT _____

SUPERVISOR/MANAGER _____

CONTACT NUMBER _____

NON-RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

NAME OF RESIDENTIAL ACCOUNT HOLDER:

FIRST

MI

LAST

BUSINESS NAME: _____

ACCOUNT NO: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

IS THE UTILITY FEE ARREARAGE DUE TO ECONOMIC HARDSHIP EXPERIENCED BY THE CUSTOMER AS A RESULT OF THE COVID-19 PANDEMIC (CHECK Y/N)

_____ YES (ELIGIBLE FOR RELIEF; PROVIDE EXPLANATION BELOW)

_____ NO (NOT ELIGIBLE FOR RELIEF)

PROVIDE AN EXPLANATION OF THE COVID-19 RELATED ECONOMIC HARDSHIP:

CARE ACT ASSISTANCE APPLICATION WILL:

- ASSIST FOR BILLS DATED AFTER MARCH 1, 2020 AND LATER BUT NOT FOR THE PAST DUE AMOUNTS PRIOR TO THIS TIME PERIOD.
- THIS PLAN IS DESIGNED TO BE A ONE-TIME OPPORTUNITY, WITH ONLY ONE PLAN PER HOUSEHOLD (FOR RESIDENTIAL) OR ACCOUNT HOLDER AND THEIR SUCCESSORS (FOR NON-RESIDENTIAL).
- THIS PLAN CAN BE USED FOR THE FOLLOWING BILLS:
 - WATER
 - WASTEWATER/SEWER

APPLICANTS 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 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 GLOUCESTER COUNTY PUBLIC UTILITIES 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 THE 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 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 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 GRANTS.
- 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 GLOUCESTER COUNTY PUBLIC UTILITIES TO WHICH I AM APPLYING TO VERIFY INFORMATION CONCERNING MY NEED FOR ASSISTANCE.

PRINTED NAME

SIGNATURE

DATE

TITLE (FOR NON-RESIDENTIAL ACCOUNT HOLDERS)