

Hanover County

COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance

Customer Intake Application

GENERAL INFORMATION

1. Date of Application: _____
2. Account Number: _____
3. Street Address (where utility service is provided): _____
4. City or County (where utility service is provided): _____
5. State (where utility service is provided): _____
6. ZIP Code (where utility service is provided): _____
7. Customer Phone Number: _____
8. Customer Email: _____
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): _____

Have you or are you expecting to receive assistance from another program to pay your delinquent water/sewer bill?

YES

NO

If yes, what is the amount? _____

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:

Have you or are you expecting to receive assistance from another program to pay your delinquent water/sewer bill?

YES

NO

If yes, what is the amount? _____

CARES Act assistance application may:

- Assist for bills dated May 19, 2020, to November 19, 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 obtained under this application may be used for water and sewer bills due to Hanover County Public Utilities.

The CUSTOMER INTAKE FORM may be returned the following ways:

- Mailed to PO Box 470, Hanover, VA 23069-0470. Please allow at least seven (7) days for delivery. Please note if you send it by mail, having it post marked by January 13, 2021 is not sufficient to ensure your account will be evaluated for participation;
- Emailed to utilityrelief@hanovercounty.gov;
- Dropped at Public Utilities offices at 7516 County Complex Road, Hanover, VA 23069;
- Submitted on our website at www.hanovercounty.gov/utilityreliefprogram

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 Hanover County 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 that my signature on this form gives permission to Hanover County to which I am applying to verify information concerning my need for assistance.

Printed Name

Signature

Title (for non-residential account holders)

Office Use Only:

Date Application Received: _____

Date Reviewed: _____

Total Amount Eligible: _____

Total Relief Given: _____

Date Keyed: _____

Screener: _____