

COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

**Utility Arrearage Assistance
City of Norton
CUSTOMER APPLICATION**

GENERAL INFORMATION (REGARDING CUSTOMER ACCOUNT)

1. Date of Customer's Application: _____
2. Account Number(s): Customer No. _____ Service No. _____
3. Total Arrearage from March 1, 2020 – December 30, 2020 that is due: \$ _____
(Attach copy of utility statement or screen showing amount indicated in Question 3)
4. Street Address of Utility Account: _____
5. City or County: Norton State: Virginia ZIP Code: 24273
6. Customer Type: Residential Non-Residential

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Residential Account Holder:
_____ First _____ M.I. _____ Last _____ (Maiden)
2. Mailing Address of Account Holder: _____
3. Customer Home Phone #: _____ Mobile #: _____ Email: _____
4. Emergency Contact Name: _____ Phone #: _____ Email: _____
5. 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) _____

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? YES (Eligible for relief; provide explanation below.)
 NO (Not eligible for relief.)
4. Provide explanation of the COVID-19 related economic hardship:

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 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 can only be used for the following bills for services provided by the City of Norton:
 Water Wastewater Electric Gas

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 Norton to verify records as necessary to verify my eligibility for assistance.
- ❖ I declare to the best of my knowledge that:
 - 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"
- ❖ 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 City of Norton (to which I am applying) to verify information concerning my need for assistance.
- ❖ I understand that I am responsible for any garbage fees, late fee penalties, interest, or service charges that remain on this account after any assistance has been applied and any unpaid amount on this account could result in the future disconnection of service.

_____ Printed Name

_____ Signature

_____ Title (for non-residential account holders)

_____ Date

***Please return this completed form to:**

City of Norton, 618 Virginia Avenue, NW, PO Box 618, Norton, VA 24273

Questions? Call 276-679-1160

MUNICIPAL UTILITY INTAKE INFORMATION:

Form Completed By: _____ Date/Time: _____

Comments/Notes: _____

Form Approved By: _____

Date: _____

Amount: _____