

**CARES ACT, County of _____, Customer of _____
Residential Utility Customer Application & Certification Form**

- 1) Customer Information
 Name _____ County of Residence _____
 Physical Address _____
 City _____ State _____ Zip _____
 Mailing Address, (*ONLY if different*)
 Address _____
 City _____ State _____ Zip _____
 Phone number _____

- 2) How has COVID-19 impacted your ability to make utility payments?
(check all that apply)
 Loss of overall household income.
 Increased utility expenses due to staying at home.
 Increased medical expenses.
 Increased essential living costs.
 Other _____

- 3) What time period have you experienced difficulty making utility payments as a result of the selected COVID-19 impacts?
 Start Date: _____, 2020 Through End Date: _____, 2020

- 4) Which utilities are you late on making payments?
(check all that apply)
 Water Account # _____ Balance: \$ _____
 Utility Name: _____
 Sewer Account # _____ Balance: \$ _____
 Utility Name: _____
 Electric Account # _____ Balance: \$ _____
 Utility Name: _____
 Natural Gas Account # _____ Balance: \$ _____
 Utility Name: _____

- 5) Do you rent or own your residence? _____ Own _____ Rent

6) If rental, do you pay the utility company directly or the Landlord?

	Customer Pays:	Landlord Pays:
Water	_____	_____
Sewer	_____	_____
Electric	_____	_____
Natural Gas	_____	_____

7) Have you applied to Low Income Home Energy Assistance Program (LIHEAP) for financial assistance?

_____ Yes _____ No Amount of application: _____
Status of LIHEAP Application: _____ Approved, _____ Denied, _____ Pending

8) Amount of payments you expect to be able to contribute to your utility bills in the next 60 days (include LIHEAP funds).

Water \$ _____ Sewer \$ _____

Electric \$ _____ Natural Gas \$ _____

9) Certification and Consent

I hereby apply for financial assistance through the City for Coronavirus Relief Fund for the delinquent amounts, specified above, on my City utility accounts. I hereby authorize the County to make payment directly to the City utility(ies) on my behalf as applied for in this application.

I understand that by making this application, I am not guaranteed financial assistance and I am still responsible for any unpaid utility bills. I understand I will have to file additional application(s) for future needs and there is no guarantee that funds for financial assistance will be available.

I understand that I may be fined, imprisoned, or both under state or federal law if I make false statements on this application in order to get benefits that I am not entitled to.

Signature (*black or blue ink*)

Date: _____, 2020

10) Attach copies of all utility bills being covered by this application.