

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

1) Customer Information

Business Name _____

Business Address _____ County _____

City _____ State _____ Zip _____

Mailing Address, (*ONLY if different*)

Address _____

City _____ State _____ Zip _____

Phone number _____ Tax Identification Number _____

2) How has COVID-19 impacted your ability to make utility payments?

(check all that apply)

_____ Closure of business (duration of business closure _____ to _____)

_____ Reduced business hours (duration of reduced hours _____ to _____)

_____ Increased business 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 business facility? _____ 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) Has your business applied to Paycheck Protection Program (PPP) for financial assistance?
 _____ Yes _____ No Amount of application: _____
 Status of PPP 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 PPP funds).
 Water \$ _____ Sewer \$ _____
 Electric \$ _____ Natural Gas \$ _____

9) Certification and Consent:

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

I understand that by making this application, the Business is not guaranteed financial assistance and the Business is still responsible for any unpaid utility bills. I understand the Business 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 cannot receive for funding of the same utility bills through multiple assistance programs and will notify the City in writing if the Business receives financial assistance for utility bills through other state or federal assistance programs.

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.