



# CITY OF POQUOSON

500 CITY HALL AVENUE, POQUOSON, VIRGINIA 23662-1996

## COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

### Utility Arrearage Assistance

#### GENERAL INFORMATION

1. Date of Application: \_\_\_\_\_
2. Account Number: \_\_\_\_\_
3. Total Arrearage from March 1, 2020 – November 30, 2020 that is due \_\_\_\_\_
4. Full Name: \_\_\_\_\_
5. Street Address (where utility service is provided): \_\_\_\_\_
6. Phone Number: \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Please check 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 close 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  
 unable to participate in previous employment due to high risk of severe illness from COVID-19  
 other \_\_\_\_\_

#### Commercial Customers Complete This Section

1. Name of Commercial Account Holder: \_\_\_\_\_
2. Property Address: \_\_\_\_\_
3. Is the utility fee arrearage due to economic hardship experienced by the customer as a result of the COVID-19 pandemic (circle one)?
  - a. Yes (Provide explanation below)
  - b. No
4. Provide an explanation of the COVID-19 related economic hardship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARES ACT ASSISTANCE APPLICATION WILL

- Assist for bills dated March 1, 2020 to November 30, 2020, and **may not** be used for past due amounts prior to this time period
- Funding is designed to be a one-time opportunity, with only one payment per household

APPLICANT'S CERTIFICATION:

- I desire to receive any assistance that I am legally entitled to 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 declare to the best of my knowledge that I am the only person living at the address shown on this application who has applied for this assistance.
- I certify that this customer has not received CARES act relief for any of the arrearages I am applying for from any other source. This includes Rebuild VA Grants for Commercial Customers.
- 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 my signature on this form gives permission to the City of Poquoson to verify information concerning my need for assistance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\*Application can be returned in person to the Commissioner of the Revenue's office, placed in the Treasurer's drop box behind 500 City Hall Avenue or be postmarked by January 14, 2020 to be considered.

Office Use Only
Screener: _____
Date: _____
Action Taken:
_____
_____
_____