CITY OF RICHMOND DEPARTMENT OF PUBLIC UTILITIES COVID-19 Municipal Utility Relief Program



NON-RESIDENTIAL APPLICATION for Utility Arrearage Assistance

The City of Richmond has received COVID-19 Municipal Utility Relief Program funding provided by the federal CARES Act via the Virginia Department of Housing and Community Development. This funding is in support of municipal utility relief efforts during the pandemic, and will directly assist customers that have fallen behind on their utility bills as a result of an economic hardship due to COVID-19. Funding is designed to be a one-time opportunity, with only one payment per non-residential account. To be eligible for funding under this Relief Program, the applicant must meet the following criteria:

- Be a non-residential customer of the City of Richmond Department of Public Utilities with active utility service;
- Have experienced/been impacted by an economic hardship due to COVID-19 (see below);
- Have fallen behind on their City water, wastewater or natural gas utility bill for services during the period of March 1, 2020 through December 30, 2020;
- Have not received financial assistance for City utility services from Rebuild Virginia Grant Fund or any local CARES Act Relief; AND
- Submit a completed application where all information is valid and legible. Please read instructions carefully. Your application must be received by midnight Sunday, January 17, 2021.

| Section 1 Eligible Property (where utility | ty service is p | provided) | | |
|--|-----------------|--|--|--|
| Account Name | | | | |
| Street AddressAccount Number CityZip Code | | | | |
| Section 2 Customer Contact Information | n (responsibl | le party) | | |
| Daytime PhoneEmail | Last Name | | | |
| Mailing Address (if different from above) _ City | | | | |
| Section 3 COVID 19 Economic Hardsh | ip Attestation | | | |
| I certify that the utility fee arrearage is due a result of the COVID-19 pandemic. | to economic h | ardship experienced by the customer as | | |
| Has your entity received Rebuild Virginia G | rant Fund or lo | ocal CARES Act relief? | | |
| Yes No | | | | |
| Provide an explanation of the COVID-19 re | lated economi | ic hardship: | | |
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Section 4 Applicant s Certification

In applying for participation in the Relief Program, I understand and agree to the following:

- 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 declare that to the best of my knowledge 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 non-residential customer has not received assistance from the Rebuild Virginia Grant Fund or any local CARES Act relief.
- I understand that if I give false information or withhold information in order to make myself eligible for benefits 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 un Utili | Department of Public | | |
|-----------------|---------------------------|------|--|
| Res | sponsible Party Signature | Date | |
| | | | |

Application Submission/Contact Information

Title

Email, fax or deliver the completed application to:

| Email | DPUCares@richmondgov.com |
|--------------------|---|
| Fax | (804) 646-0737 |
| Drop off locations | - City Hall 900 E. Broad Street, Room 115 - East District Initiative 701 N. 25 th Street |
| | - Southside Community Services Center 4100 Hull Street |

Questions can be directed to DPU Customer Service (804-646-4646)

All applications MUST be RECEIVED by midnight Sunday, January 17, 2021. Any relief funds applied to your account will be reflected on your February 2021 utility bill.

For Internal Use Only

| Date Received | Date Processed | Application | Arrearage Amount | Relief Amount | Account Credited |
|---------------|----------------|---------------------|------------------|---------------|------------------|
| | | □ Approved □ Denied | \$ | \$ | \$ |