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 <mark>Sunday, January 31, 2021</mark>.**

Section 1   Eligible Property (where utility service is provided)

Account Name _____

Street Address_____Account Number _____
City_____Zip Code _____

Section 2   Customer Contact Information (responsible party)

First Name_____Last Name _____
Daytime Phone _____
Email_____
Mailing Address (if different from above) _____
City_____State_____Zip Code _____

Section 3   COVID 19 Economic Hardship Attestation

I certify that the utility fee arrearage is due to economic hardship experienced by the customer as a result of the COVID-19 pandemic.

Has your entity received Rebuild Virginia Grant Fund or local CARES Act relief?

_____Yes _____No

Provide an explanation of the COVID-19 related economic hardship:

_____

_____

_____

_____

_____

_____

Application continues on back

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 understand and my signature on this form gives permission to City of Richmond Department of Public Utilities to verify information concerning my need for assistance.

_____   _____

Responsible Party Signature   Date

_____

Title

Application Submission/Contact Information

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. 25th 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 <mark>Sunday, January 31, 2021</mark>. 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	$	$	$

CARES MURF_non-residential