



CITY OF RICHMOND DEPARTMENT OF PUBLIC UTILITIES
COVID-19 Municipal Utility Relief Program
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. To be eligible for funding under this Relief Program, the applicant must meet the following criteria:

- Be a 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 any other forms of relief or financial assistance for their City utility services; **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 31, 2021.**

Section 1 – Address of Eligible Property (where utility service is provided)

Street Address _____ Account Number _____
 City _____ Zip Code _____

Section 2 – Customer Information (primary account holder)

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 I, or someone in my household, has experienced a loss of income due to the COVID-19 pandemic as a result of (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 closure 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
- _____ unwilling/unable to participate in previous employment due to high risk of severe illness from COVID-19
- _____ other (describe) _____

Name(s) of household member(s) affected: _____

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 to the best of my knowledge that I am the only person living in the household at the address shown on this form who has applied for this assistance.
- 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 and my signature on this form gives permission to City of Richmond Department of Public Utilities to verify information concerning my need for assistance.

Applicant Signature

Date

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. 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 31, 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
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	\$	\$	\$