



SOUTHAMPTON COUNTY COVID-19 UTILITY RELIEF PROGRAM

Utility Arrearage Assistance Customer Intake Form

GENERAL INFORMATION

1. Account Number: _____ Service Number: _____ Date: _____
2. Amount Due on Current Bill _____
3. Street Address (where utility service is provided): _____
4. City or County (where utility service is provided): _____
5. State (where utility service is provided): Virginia
6. ZIP Code (where utility service is provided): _____
7. Customer Phone Number: _____
8. Customer Type: _____ Residential _____ Commercial

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Residential Account Holder: _____
First M.I. Last
2. For residential customers: place mark 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 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 illness from COVID-19
 other (describe) _____

COMMERCIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Non-Residential Account Holder: _____
2. Property Name: _____
3. Is the utility fee arrearage due to economic hardship experienced by the customer as a result of the COVID-19 pandemic? (Check Y/N)
 YES (Eligible for relief; provide explanation below)
 NO (Not eligible for relief)
4. Provide an explanation of the COVID-19 related economic hardship:

This CARES Act assistance application:

- Will provide partial assistance for bills with consumption usage from March 1, 2020, to December 30, 2020, and may not be used for past due amounts prior to this time period.
- Can not be used by customers who have received utility assistance through the Community First Water Utility Grant (CDBG) in June- July
- Is designed to be a one-time opportunity, with only one payment per household (for residential) or account holder and their successors (for non-residential).
- May only be used to pay water and sewer consumption and base charges. It will not be applied to stormwater charges or refuse charges. These amounts are still due.

Applicant's Certification:

- 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 understand that my signature on this form gives permission for Southampton County to verify records as necessary to verify my eligibility for assistance.
- I certify that this account/ customer has not received CARES act relief for any of the arrearages I am applying for from any other source, including Rebuild VA Grants or Community First Water Utility Grant (CDBG).
- 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.
- (For residential applicants): I am the only person living in the household at the address shown on this form who has applied for this assistance, or
- (For commercial applicants): I am the only person who has applied for/on behalf of the account holder, including their successors, at the address shown on this form and that I am not a government account holder.

Printed Name

Signature

Title (for commercial accounts)

Government ID Number

DOB/Expiration Date

For Office Use Only

Date Received _____

Amount Due 3/1/2020 – 12/30/2020 _____

Screened Date _____

Screened By _____

Service	60+ Past Due	30+ Past Due
Water		
Sewer		
Total		