



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:

