



TOWN OF VINTON, VIRGINIA COVID-19 UTILITY RELIEF PROGRAM

Utility Arrearage Assistance Customer Intake Form

GENERAL INFORMATION

- 1. Account Number _____
- 2. Amount Due on Current Bill _____
- 3. Street Address (where utility service is provided): _____
- 4. City or County (where utility service is provided): Vinton
- 5. State (where utility service is provided): Virginia
- 6. ZIP Code (where utility service is provided): 24179
- 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 dated March 1, 2020, to October 31, 2020, and may not be used for past due amounts prior to this time period.
- 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 additional refuse cart 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 the Town of Vinton to verify records as necessary to verify my eligibility for 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.
- (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)

For Office Use Only

Date Received _____

Screened Date _____

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