



**COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM**

**Utility Arrearage Assistance**

**Customer Intake Form**

(ONLY active Newport News Waterworks customers need apply. Complete this form, print, sign (pdf signatures acceptable), or download , and email to [wwcs@nnva.gov](mailto:wwcs@nnva.gov) or place in drop box outside City Center, 700 Town Center Dr.

(\*Assistance will be available until funds have been depleted\*)

**GENERAL INFORMATION** (All Applicants fill in this section.)

- 1. Date of Customer’s Application: \_\_\_\_\_
- 2. Waterworks Account Number: \_\_\_\_\_ Email: \_\_\_\_\_
- 3. Total Arrearage from March 1, 2020 that is due (Provided by Municipal Utility with statement demonstrating amount attached): \_\_\_\_\_
- 4. Street Address (where utility service is provided): \_\_\_\_\_
- 5. City or County (where utility service is provided): \_\_\_\_\_
- 6. State (where utility service is provided): VIRGINIA
- 7. ZIP Code (where utility service is provided): \_\_\_\_\_
- 8. Customer Phone Number: \_\_\_\_\_
- 9. Customer Type:  Residential  Non-Residential

**RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION**

(Only Residential Applicants fill in this section, i.e. single family dwellings, parsonages, multi-family dwellings, etc.)

- 1. Name of Residential Account Holder:

\_\_\_\_\_  
First Name      M.I.      Last Name      (Maiden Name)

- 2. For residential customers: select the applicable causes 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 severe illness from COVID-19
- other (describe)

**NON-RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION**

*(Only Non-Residential Applicants fill in this section, i.e. business locations, business owners, religious facilities, etc.)*

**1. Name of Non-Residential Account Holder:**

\_\_\_\_\_

**2. Property Name:** \_\_\_\_\_

**3. Is the utility fee arrearage due to economic hardship experienced as a result of the COVID-19 pandemic?**

NO (Not eligible for relief.)       YES (Eligible for relief; provide explanation below.)

**4. Provide an explanation of the COVID-19 related economic hardship to your non-residential property:**

\_\_\_\_\_

**CARES Act assistance application may:**

- Funds may not be used for past due amounts prior to March 1, 2020.
- Funding 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).
- Funding can be used for water and/or wastewater bills.

**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 staff at Newport News Waterworks to verify records as necessary to verify my eligibility for assistance.
- I declare to the best of my knowledge that:
  - o (1) 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
  - o (2) for non-residential applicants: 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 customer has not received CARES act relief for any of the arrearages I am applying for from any other source including Rebuild VA Grants.
- 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 Newport News Waterworks to which I am applying to verify information concerning my need for assistance.

(Residential and Non-Residential Applicants **Sign Here**)

\_\_\_\_\_  
**First Name      M.I.      Last Name      Signature**

\_\_\_\_\_  
**Title in the Company** (For non-residential account holders, i.e. owner, president, treasurer)

**Newport News Waterworks Intake Information**

<b>CSR Rep Name:</b> _____	<b>Caller's Name:</b> _____	<b>Phone:</b> _____
<b>ACTION TAKEN:</b>	<b>Approved</b>	<b>Not Approved</b>
	<b>Pending More Information</b>	<b>Date/Time:</b> _____
_____		
_____		
_____		