

## **COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM PAST DUE UTILITY ASSISTANCE CUSTOMER INTAKE FORM**

This form must be completed and returned to Loudoun Water on or by **November 1, 2021** for you to be considered for assistance that could lower the amounts you owe for water and/or wastewater services. Complete this form, sign it and return to Loudoun Water by one of the following ways:

**EMAIL:** customerservice@loudounwater.org  
**PHONE:** 571-291-7880 during regular business hours  
**DROP BOX:** Drop box located at  
44865 Loudoun Water Way,  
Ashburn, VA 20147

If you have any questions about this program or would like to complete the application over the phone with one of our Customer Relations Representatives, please call our Customer Relations Department at 571-291-7880, Monday-Friday between 8:00 a.m. to 5:00 p.m.

### **Program Description:**

Loudoun Water is participating in Virginia's COVID-19 Municipal Utility Relief Program (the "Utility Relief Program").

Under the Utility Relief Program, utility customers who meet the following criteria will be eligible to receive utility relief assistance that could lower the amounts you owe for water and/or wastewater services during March 2020 through November 2021. Customer eligibility criteria are as follows:

- **The Customer's water and wastewater bills for service between March 2020 and November 2021 are more than 30 days past due;**
- **The Customer has experienced an economic hardship resulting directly or indirectly from the COVID-19 pandemic; and**
- **The Customer has not previously received CARES Act assistance for water or wastewater bills. Please note these funds will only be available until all funds have been exhausted. Eligible customers can now receive more than one direct payment subsidy through the municipal utility relief program.**

In order to be considered for this assistance, you must complete, sign and submit the following Customer Intake Form to Loudoun Water (or complete the Intake Form by phone) on or before **November 1, 2021**. The assistance comes from an allocation of the utility relief funds awarded to Loudoun Water. Please note: CARES Act funds will only be available until all funds have been exhausted

**A. GENERAL INFORMATION**

1. Full Legal Name of Account Holder
2. Date of Application
3. Loudoun Water Account Number
4. Service Address
  - a. Street
  - b. City
  - c. State
  - d. Zip
5. Customer Phone Number
6. Customer Email Address
7. Customer Type
  - Residential
  - Non-Residential

**B. NATURE OF ECONOMIC HARDSHIP**

**1. RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION**

Residential Customers: Place a 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):

Have been laid off;

Place of employment has closed;

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)

## **2. NON-RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION**

Name of Non-residential Account Holder:

Property Name:

Are your unpaid utility bills due to economic hardship experienced as a result of the COVID-19 pandemic? (select one below)

Yes (eligible for relief; provide explanation below) Provide an explanation of the COVID-19-related economic hardship:

No (not eligible for relief)

## **3. REQUIRED CERTIFICATIONS FOR UTILITY RELIEF ASSISTANCE**

1. I desire to receive any assistance to which I am legally entitled under this program and its specifications.
2. I certify that the reason I am eligible for this CARES Act assistance is correct to the best of my knowledge and belief.
3. I understand that my signature on this form gives permission for the staff Loudoun Water to verify records as necessary to verify my eligibility for assistance.
4. I declare to the best of my knowledge that:
  - a. (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
  - b. (2) for non- residential applicants: I am the only person who has applied for/on behalf of the nonresidential account holder, including their successors, at the address shown on this form and that I am not a government account holder.
5. 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.

6. 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.
7. I understand that the agencies involved in this program may verify all of the information which I have provided.
8. I understand and my signature on this form gives permission to Loudoun Water to which I am applying to verify information concerning my need for assistance.

Signature

Date

Printed Name

Title (for non-residential account holders)

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*For Loudoun Water Staff Use:*

Date Received:

Application Take By:

Date:

Time: