

****UTILITY DISCONNECTION MORATORIUM AND REPAYMENT PLAN NOTICE****

The Governor has authorized **Coronavirus Relief Funds** for the purpose of assisting our customers with arrearages in excess of 30 days, with priority given to those with arrearages greater than 60 days. In order to qualify for relief under this program, it is necessary that you **complete an application and attest that your income was affected by the pandemic**. Visit our website for a printable version at <https://www.waynesboro.va.us/1068/COVID-19-Resident-Resources> or contact our Customer Service Department at (540) 942-6643 option 4 to be sent a copy. If you are receiving this notification via delinquent notice there is also an application included. The due date to return this form will be the 4th business day from receiving the notice and may be e-mailed to cwutilities@ci.waynesboro.va.us, dropped off or mailed to 941 Fir Street, Waynesboro Virginia, 22980, or dropped off at the Treasurer's drive through or drop box at 503 West Main Street, Waynesboro Virginia 22980. You will be contacted as to your application status within 5 business days of submitting. In certain circumstances Shenandoah Valley Social Services may be available to assist in helping with utility payments and we encourage you to reach out to them for help in addition to any relief available from the City.

In addition to this funding, the Governor has also established a COVID-19 Relief Repayment Plan (COVID-19 Repayment Plan). Beginning January 15th, there will be a COVID-19 Repayment Plan offered to our customers who are at least 30 days in arrears on their accounts. Arrearages can be paid in as little as 6 months or up to 24 months, depending upon individual circumstances. Customers who qualify for the COVID-19 Repayment Plan will not be charged any new deposits, down payments, late fees, interest charges, or penalties, and none shall accrue, during the repayment plan. To be eligible for the COVID-19 Repayment Plan, a customer must attest that he/she has experienced financial hardship resulting from the COVID-19 pandemic. This does not mean that your bill is not due or that the amounts owed will be waived or forgiven. Rather, customers have more time to pay bills they are unable to pay due to COVID-19. To set up a payment plan, visit our website at <https://www.waynesboro.va.us/1068/COVID-19-Resident-Resources> to view a printable application or contact our Treasurer's Office at (540) 942-6606 to be sent a copy.

Your current billing information is listed on your bill or you may call our Customer Service Department at (540) 942-6643 with questions. To file an initial complaint on Repayment Plan disputes, please call (540) 942-6606.

COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM

Utility Arrearage Assistance

City of Waynesboro, Virginia

GENERAL INFORMATION

1. Date of Customer's Application: _____
2. Account Number or Other Unique Identifier of the Customer Utility Bill: _____
3. Total Arrearage from March 1, 2020 – November 1, 2021 that is due: _____
 - a. (Provided by Municipal Utility with statement demonstrating amount attached)
4. Date period for requested arrearage relief: _____
 - a. (Provided by Municipal Utility)
 - b. Applicants can only receive relief for arrearages from covered date periods that do not overlap with dates for which they have previously received relief through the CARES Act.
5. Street Address (where utility service is provided): _____
6. City or County (where utility service is provided): _____
7. State (where utility service is provided): _____
8. ZIP Code (where utility service is provided): _____
9. Customer Phone Number: _____
10. Customer Type:
 Residential
 Non-Residential

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Residential Account Holder:

First M.I. Last (Maiden)

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 severe illness from COVID-19

_____ other (describe) _____

NON-RESIDENTIAL 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)

4. _____ YES (Eligible for relief; provide explanation below.)

5. _____ NO (Not eligible for relief.)

6. Provide an explanation of the COVID-19 related economic hardship:

CARES Act assistance application may:

- Assist for bills dated March 1, 2020, to November 1, 2021, and may not be used for past due amounts prior to this time period or after this time period.
- Funding can be used for the following bills:
 - Water
 - Sewer
 - Refuse (paid for by initial CARES allocation)

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 the City of Waynesboro to verify records as necessary to verify my eligibility for assistance.
- I declare to the best of my knowledge that:

- (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
- (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 the City of Waynesboro to which I am applying to verify information concerning my need for assistance.

Printed Name

Signature

Title (for non-residential account holders)

Municipal Utility Intake Information:	ACTION TAKEN	Screeener	Date