COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM APPLICATION

If you or a person in your household has experienced a loss of income due to the COVID-19 Pandemic, you may be eligible for assistance funds for unpaid Service Authority bills from March 1 - December 30, 2020. **All applications must be received by the Service Authority by 5:00 p.m. on January 21, 2021**. The Service Authority will apply relief funds to customer accounts by January 29, 2021. Completed applications can be submitted:

- > By Phone: Contact Customer Service at (703) 335-7950 between 8:00 a.m. and 5:00 p.m. Monday through Friday.
- > By Mail: PWCSA Customer Service, P.O. Box 2266, Woodbridge, VA 22195-2266
- **By Fax:** (703) 335-8949
- > By Email: CustomerService@pwcsa.org

By Drop Box or In Person
Raymond Spittle Building
4 County Complex Court

Woodbridge, VA 22192

> By Drop Box

Wellington Operations Center 8410 Virginia Meadows Drive

Manassas, VA 20109

➢ By Drop Box

Neabsco Maintenance Facility 15801 Neabsco Road

Woodbridge, VA 22191

INSTRUCTIONS: Please complete sections I, II and III below.

I. ACCOUNT HOLDER INFORMATION:	
First and Last Name:	
Account Number or Service Address:	
Phone	Number: Email Address:
II. ECONOMIC HARDSHIP: Please select one or more cause(s) of economic hardship that apply below.	
	Was laid off
	Experienced a reduction in hours of work
	Place of employment closed
	Must stay home to care for children due to closure of day care and/or school
	Have lost child or spousal support
	Have been unable to work hours or days due to contracting COVID-19
	Have been 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)

III. APPLICANT CERTIFICATION:

- ☐ By checking this box, I have read and certify the following statements:
- a) I desire to receive any assistance to which I am legally entitled under this program and its specifications.
- b) The reason I am eligible for this CARES Act assistance is correct to the best of my knowledge and belief.
- c) I declare to the best of my knowledge that I am the only person living in the household at the address shown on this form who has applied for this assistance.
- d) Commercial and non-residential customers: I declare to the best of my knowledge I am the only person who has applied for relief funds 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. I certify that this entity has not received CARES Act relief for any of the utility arrearages I am applying for from any other source, including Rebuild VA Grants.
- e) 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 from more than one assistance program, I can be prosecuted for fraud and/or denied assistance in the future.
- f) I understand that the agencies involved in this program may verify the information I have provided.
- g) I understand that submitting this form gives permission to the Prince William County Service Authority to which I am applying to verify information concerning my need for assistance.