



Application Date: \_\_\_\_\_

Town of Dublin

Pulaski County PSA

Town of Pulaski

**COVID-19 Municipal Utility Relief Program  
Town of Dublin – Pulaski County PSA – Town of Pulaski  
Utility Arrearage Application for Assistance**

Account Number:	
Total Arrearage (March 1, 2020 – December 30, 2020) which is due: (attach Bill/Statement demonstrating amount in arrears)	
Service Address:	
Phone:	Email:
Customer Type: <input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential

**RESIDENTIAL Customers Complete This Section:**

Name of Residential Account Holder: \_\_\_\_\_

Indicate 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 which apply):

<input type="checkbox"/> been laid off	<input type="checkbox"/> lost child or spousal support
<input type="checkbox"/> place of employment has closed	<input type="checkbox"/> not been able to work or missed hours due to contracting COVID-19
<input type="checkbox"/> have experienced a reduction in hours of work	<input type="checkbox"/> unable to find work due to COVID-19
<input type="checkbox"/> must stay home to care for children due to closure of day care and/or school	<input type="checkbox"/> unwilling/unable to participate in previous employment due to high risk of severe illness from COVID-19
<input type="checkbox"/> other (describe)	

**NON-RESIDENTIAL Customers Complete This Section:**

Name of Non-Residential Account Holder: \_\_\_\_\_

Property Name: \_\_\_\_\_

Is the utility fee arrearage due to economic hardship experienced by the customer due to the COVID-19 pandemic?

<input type="checkbox"/> Yes (eligible for relief; provide explanation below)	<input type="checkbox"/> No (not eligible for relief)
<b>Provide an explanation of the COVID-19 related economic hardship:</b>	

Application is available online ([www.pulaskicounty.org](http://www.pulaskicounty.org), at the PSA or Towns of Dublin and Pulaski offices; by phone 540/994-2603; or by email [jonas@pulaskicounty.org](mailto:jonas@pulaskicounty.org). They may be submitted by mail, email, phone, or at the locations listed. Contact Janet Jonas at the number/email above for assistance in completing and submitting this application.

**Applications are due NO LATER than JANUARY 20, 2020 at 5:00 pm.**

**CARES Act Assistance May:**

- Assist for bills dated March 1, 2020, to December 30, 2020 and may not be used for past due amounts prior to this time period or after this time period.
- 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 the following bills:            Water                                    Wastewater

**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 Pulaski County/Pulaski County PSA/Town of Dublin/Town of Pulaski to verify records as necessary to verify my eligibility for assistance.
- I declare to the best of my knowledge that:
- 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 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 Pulaski County/Pulaski County PSA/Town of Dublin/Town of Pulaski to which I am applying to verify information concerning my need for assistance.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title (for non-residential customers)**

<b>Municipal Utility Intake Information:</b> _____		
<b>Action Taken:</b>	<b> Screener:</b>	<b>Date:</b>