

## 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 since March 1, 2020. **All applications must be received by the Service Authority by 5:00 p.m. on June 7, 2021.** The Service Authority will apply relief funds to customer accounts by June 30, 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](mailto: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.