



# COVID-19 Utility Assistance Program: *Application*

*Please read and complete this application in its entirety before certifying its accuracy and submitting.*

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Archdale Utility Account Number (found on your monthly statement) \_\_\_\_\_

Number of members in household \_\_\_\_\_ Please enter their names and information below:

First Name	Last Name	Relationship	Date of Birth	Last 4 of SS#

Have you received benefits or funding for the COVID-19 crisis from other sources such as FEMA, churches, non-profit organizations, etc. (other than the federal stimulus check)?  Yes  No

If yes, please describe funds that you have received and what they were supposed to cover:

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What was your gross income on your 2019 tax return (total of all household members)?

\$ \_\_\_\_\_

Is your request for assistance related to the COVID-19 pandemic?       Yes    No

If yes, please describe how your ability to pay your Archdale utility bill has been impacted:

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Assistance is available for one (1) bill due between December 20, 2020 and June 20, 2021. Application is required. Up to \$55.76 for the current bill period will be applied to the approved applicant's utility account. **If \$55.76 does not cover the entire amount due, customer must pay the difference. Once late fees of (\$10.00 on the 21<sup>st</sup>) and nonpayment fees (\$50.00 on the 4<sup>th</sup>) have been added they cannot be waived.**

I certify and attest that the information I have provided to determine my eligibility for utility assistance through the City of Archdale is true and complete to the best of my knowledge. I understand that if the City discovers new information that indicates I am not eligible for the program, my participation can be cancelled. I agree to provide, upon request, documentation on all income sources in order to prove eligibility for this assistance. **Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.**

I understand that information provided in this application is confidential in regard to my City of Archdale utility account, but that portions may become public record as documentation for funding.

I further acknowledge that my eligibility for utility funding assistance is based on having a qualifying annual family income level AND having been negatively impacted by the COVID-19 pandemic. I understand that failure to provide complete and accurate information may be the basis for rejection of my application. My signature below attests that all information provided is accurate to the best of my knowledge.

Print Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_