



# COVID-19 MUNICIPAL UTILITY RELIEF PROGRAM PAST DUE UTILITY ASSISTANCE CUSTOMER INTAKE FORM

**\*\*\* This Customer Intake Form is available in additional languages at: [bit.ly/FWoptions](https://bit.ly/FWoptions) \*\*\***

**This form must be completed and returned to Fairfax Water by **December 1, 2021** for you to be considered for assistance that could lower the amounts you owe for water and/or wastewater services.**

*Complete this form, sign it, and send it to Fairfax Water by one of the following means:*

**Email:** COVIDrelief@fairfaxwater.org

**Fax:** 703.289.6292

**Mail:** *Must be postmarked by **December 1, 2021***

Fairfax Water

ATTN: COVID Relief

8570 Executive Park Avenue

Fairfax VA, 22031

**If you have questions about this program or would like to complete the application over the phone by speaking with one of our Customer Service Representatives, please call our Customer Service Department at 703.698.5800 (TTY 711) weekdays between the hours of 8:00 am and 6:00 pm.**

## **Program Description:**

Fairfax Water and each locality providing wastewater service within our service area (Fairfax County, City of Falls Church, and City of Fairfax - the "Participating Localities") are participating in Virginia's COVID-19 Municipal Utility Relief Program (the "Utility Relief Program").

**Under the Utility Relief Program, utility customers who meet the following criteria will be eligible to receive utility relief assistance that could lower the amounts you owe for water and/or wastewater services during March 1, 2020 through December 31, 2021.** Customer eligibility criteria are as follows:

- The Customer's water and wastewater bills for service between March 1, 2020 and December 31, 2021 are more than 30 days past due;
- The Customer has experienced an economic hardship resulting directly or indirectly from the COVID-19 pandemic; and
- The Customer has not previously received CARES Act assistance for water or wastewater bills from any other source. This may include, but is not limited to, assistance provided through the Commonwealth's Rebuild Virginia Grant Fund, the Fairfax County Non-Profit Sustainability Grant, or the Fairfax County RISE Program.

**In order to be considered for this assistance, you must complete, sign and submit the following Customer Intake Form to Fairfax Water (or complete the Intake Form by phone) on or before December 1, 2021 with responses showing that you meet the customer eligibility criteria set forth above. The assistance comes**

from an allocation of the utility relief funds awarded to Fairfax Water and the Participating Locality who provides your wastewater service.

**A. GENERAL INFORMATION**

1. Full Legal Name of Account Holder: \_\_\_\_\_
2. Date of Application: \_\_\_\_\_
3. Fairfax Water Account Number: \_\_\_\_\_
4. Service Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Customer Phone Number: \_\_\_\_\_
6. Customer Email Address: \_\_\_\_\_
7. Customer Type:                                      Residential                                      Non-Residential (**Non-Residential Customers must submit a W-9 with this Customer Intake Form**)

**B. NATURE OF ECONOMIC HARDSHIP**

**1. FOR RESIDENTIAL CUSTOMERS: COMPLETE THIS SECTION:**

**Residential Customers:** Place a 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):

- have 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)  
\_\_\_\_\_

**2. NON-RESIDENTIAL CUSTOMERS: COMPLETE THIS SECTION:**

**Non-Residential Customers:** Provide property name and basis for economic hardship:

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

Are your unpaid utility bills due to the economic hardship experienced as a result of the COVID-19 pandemic? (select one below)

Yes (eligible for relief; provide explanation below)

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

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No (not eligible for relief)

**C. REQUIRED CERTIFICATIONS FOR UTILITY RELIEF ASSISTANCE:**

1. I desire to receive any assistance to which I may be legally entitled under this program and its specifications.
2. I certify that the economic hardship(s) I have identified in Section B of this Customer Intake Form is/are due to the COVID-19 pandemic and that the information set forth in Section B is true and correct to the best of my knowledge and belief.
3. I hereby grant permission for the staff at Fairfax Water (and, as applicable, the Participating Locality from which I obtain wastewater service) to review records as necessary to verify my eligibility for assistance. I acknowledge and agree that Fairfax Water and the Participating Localities may rely upon the certifications set forth in this Intake Form, including the declaration set forth in Section B (above) that my utility fee arrearage is due to economic hardship resulting from the COVID-19 pandemic, and any additional documentation I may be required to provide to Fairfax Water or the Participating Locality.
4. I understand that Fairfax Water and the Participating Locality that provides my wastewater service will use my customer account information and records to determine my utility relief, if any.
5. I declare to the best of my knowledge that, as applicable to me (choose only one):

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 nonresidential account holder, including their successors, at the address shown on this form and that I am not a government account holder. I will submit a W-9 to Fairfax Water on or before December 1, 2021.

6. I certify that the account holder has not received CARES Act relief for any of the arrearages for which I am applying from any other source (including but not limited to Rebuild VA Grants, the Fairfax County Non-Profit Sustainability Grant, or the Fairfax County RISE Program).
7. I understand that, if I give false information or withhold information in order to make myself eligible for benefits to which I am not entitled, or if I apply for the same assistance at more than one site, I can be prosecuted for fraud and/or denied assistance in the future.
8. I certify under penalty of perjury that the information set forth in this Customer Intake Form is true and correct.

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Signature

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Date

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Printed Name

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Title (for non-residential account holders)

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**For Fairfax Water Staff Use:**

Date Received by Fairfax Water: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Screener: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Eligible Amount – Water: \_\_\_\_\_ Eligible Amount – Wastewater: \_\_\_\_\_

Amount Applied – Water: \_\_\_\_\_ Amount Applied – Wastewater: \_\_\_\_\_

Application Taken Over the Phone

By: \_\_\_\_\_

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

Time: \_\_\_\_\_