



CITY OF FRANKLIN
COVID-19 UTILITY RELIEF PROGRAM
Utility Arrearage Assistance
Customer Intake Form

GENERAL INFORMATION

1. Customer Number: _____
2. Account Number of the Customer Utility Bill: _____
3. Total Arrearage from March 1, 2020-December 30, 2021 that is due (Provided by City of Franklin with statement demonstrating amount attached): _____
4. Street Address (where utility service is provided): _____
5. City or County (where utility service is provided): _____
6. State (where utility service is provided): _____
7. ZIP Code (where utility service is provided): _____
8. Customer Phone Number: _____
9. Customer Type: _____ Residential _____ Commercial

RESIDENTIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Residential Account Holder: _____
First M.I. Last
2. For residential customers: place 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):
 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 illness from COVID-19
 other (describe) _____

COMMERCIAL CUSTOMERS COMPLETE THIS SECTION

1. Name of Non-Residential Account Holder: _____
2. Property Name: _____
3. Is the utility fee arrearage due to economic hardship experienced by the customer as a result of the COVID-19 pandemic? (Check Y/N)
 YES (Eligible for relief; provide explanation below)
 NO (Not eligible for relief)
4. Provide an explanation of the COVID-19 related economic hardship:

This CARES Act assistance application will:

- Assist for bills dated March 1, 2020, to December 31, 2021, and may not be used for past due amounts prior to 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
_____ Sewer
_____ Electric

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 City of Franklin to verify records as necessary to verify my eligibility for assistance.
- 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.
- (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 commercial applicants): I am the only person who has applied for/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.

Printed Name

Signature

Title (for commercial accounts)

For Office Use Only

Date Received _____

Screened Date _____

Service	60+ Past Due	30+ Past Due
Water		
Sewer		
Electric		
Total		