***Funding for this program is part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) in response to prevent, prepare for, and respond to coronavirus (COVID-19). Community Development Block Grant Coronavirus (CDBG-CV) funds through the U.S. Department of Housing and Urban Development.**

- Assistance is available to those who were affected by Coronavirus due to the Declaration of National Emergency by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, which was signed by President Trump on March 27, 2020.
- One-Time Grant eligible City of Rocky Mount residents to pay up to six (6) consecutive months of past due utility payments due after Declaration of National Emergency. Account is not eligible to receive a credit balance. Account is not eligible for duplication of benefits.

***Program is designed to assist low-income households whose gross household income is less than 80% of the Area Median Income (AMI) as defined by the U.S Department of Housing and Urban Development (HUD)**

APPLICATION CHECKLIST

Prior to submitting the application for assistance please review the checklist to ensure application is complete and all required documents have been submitted. Please note any incomplete applications with not be processed and you will not be contacted to remit complete.

☐Completed and signed COVID-19 UAP application

☐Documentation supporting the household experienced a negative financial impact during the COVID-19 pandemic period, documents may include but are not limited to:

- Notice of lay off, job closure or furlough on the company's letter head inclusive a start date of event
- Documentation requiring quarantine due to COVID-19 on agencies letter head with number from contact person
- Notarized letter from tenant of applicant's income rental property indicating the tenant is unable to remit monthly rents to due a COVID related loss of income with effective date
- Documentation supporting lack of childcare for a school age child in conjunction with any documents for leave from applicant's employer
- A detailed and signed acknowledge of increased expenses incurred to prevent, prepare for, or respond to COVID-19 (use form provided)

☐ Copy of a valid photo id and Social Security Card for the applicant

☐ Proof of current income or lack of for all household members listed on the application, documents may include but are not limited to:

- Employed: one (1) month of employees most recent paystubs
- Self-Employed: last two (2) years filed tax returns for those self-employed
- Unemployed: Determination letters for Pandemic Unemployment Assistance, Federal Pandemonic Unemployment Compensation, or unemployment
- Benefit income: Benefit Award or Verification letters for Social Security/SSI, Veteran's benefits, retirement, or other benefits
- No reported income: Zero Income Affidavit for each individual: minors (under 18 years of age) documents signed by guardian
- This is not an all-inclusive list; please provide and document that can be verified to support reported income

ROCKY MOUNT
BUSINESS AND COLLECTIONS SERVICES
THE CENTER OF IT ALL

COVID-19 UTILITIES ASSISTANCE PROGRAM (C19-UAP) APPLICATION

ROCKY MOUNT
COMMUNITY AND BUSINESS DEVELOPMENT
THE CENTER OF IT ALL

NOTICE: COMPLETE THIS APPLICATION ONLY if any of the situations below are applicable and you are the primary utility account holder.

My household was economically impacted during the COVID-19 pandemic, and I/We are seeking assistance paying outstanding City of Rocky Mount utilities. I/WE have experienced the following:

☐Furloughed, laid off or reduction of hours

☐Inability to work due to COVID diagnosis or mandatory household quarantine

☐Inability to work due to lack of childcare

☐Closure or reduction of hours or wages for a business owned/operated by applicant, the spouse or household member

☐Increased or new expenses incurred to prevent, prepare for, or respond to COVID-19

☒ Other_____

*If none are applicable to your situation, you are not eligible for the COVID-19 Utilities Assistance Program (C19-UAP) but you may be eligible for other assistance programs. Those seeking other assistance options or pay arrangements, please contact the Business and Collections Services/Customer Service at 252-972-1250.

ACCOUNT/RESIDENCE INFORMATION

Customer Number _____ **Account Number** _____

Primary (Service) Street Address _____

City ☐Battleboro ☐Enfield ☐Nashville ☐Rocky Mount ☐Sharpsburg **Zip** _____

County ☐Edgecombe ☐Nash **Residence** ☐Own ☐Rent

ACCOUNT HOLDER INFORMATION

First Name _____ **Last Name** _____ **Middle Initial** _____

Phone Number _____ **Type of Number** ☐Cell ☐Home ☐Work ☐Other

Email Address _____

Gender ☐Female ☐Male ☐Non-Binary/Other **Ethnicity** ☐Hispanic ☐non-Hispanic

Race

☐American Indian/Alaskan Native

☐American Indian/Alaskan Native & White

☐Asian & White

☐Black/African American & White

☐White

☐American Indian/ Alaskan Native & Black/African American

☐Asian

☐Black/African American

☐Native Hawaiian/Pacific Islander

☐Other/Multi-Racial _____

Is the Account Holder Head of the Household? Yes ☐ No☐

If you are not the head of household, is the head of household a female? Yes ☐ No☐

HOUSEHOLD COMPOSITION/WAGES_ SALARY *Please list all parties in the applicant's household. In addition, income information for any person must be listed and supporting documentation must be provided.*

Household Members (including Account Holder)	Date of Birth	Social Security Number	Employer	Gross Income	Frequency of pay period	Date last received

If you believe that you have been discriminated against, you may speak with a Fair Housing and Equal Opportunity intake specialist at 800-669-9777 or call the Regional (FHEO) Office at 800-440-8091.

HOUSEHOLD COMPOSITION/WAGES_SALARY CONTINUED						

HOUSEHOLD BENEFITS, OTHER UNEARNED INCOME

Source/Type	Yes or No	If yes, who	Amount	Date last received
Social Security Benefits				
SSI /SSD Benefits				
Retirement/Pension				
Veterans Benefits				
Unemployment				
Child Support				
Food Stamps/EFT				
Family Assistance				
Other Assistance				

HOUSEHOLD EXPENSES

Expense	Monthly Amount	Arrearage Amount
Rent/ Mortgage		
Utilities – City of Rocky Mount		
Utilities – Other providers		
Transportation		
Food/Grocery		
Medical/Medicine		
Insurance (all types)		

DUPLICATION OF BENEFITS

☐I/we **have not** applied for or received any utility assistance after March 31, 2020. This includes assistance from government or private agencies, faith-based or civic organizations.

☐Since March 31, 2020, I have applied for and received or have pending the following utility assistance.

Organization Name:	Assistance for Month(s) of:
Amount Received:	
Organization Name:	Assistance for Month(s) of:
Amount Received:	
Organization Name:	Assistance for Month(s) of:
Amount Received:	
Organization Name:	Assistance for Month(s) of:
Amount Received:	

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ROCKY MOUNT
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CERTIFICATION AND TERMS OF ASSISTANCE

☐I/We have disclosed on the Duplication of Benefits any utilities assistance I have received to resolve delinquencies after March 31, 2020. I/We agree to repay the City or Rocky Mount and COVID-19 UAP assistances that is determined to be duplicative. I/We also understand that providing false information is a violation of federal regulations, state, and local law.

☐I/We certify that this information contained on this application is complete and accurate. I/We agree to provide, upon request, any additional documentation on all income sources to the City of Rocky Mount (City) and/or the U.S. Department of Housing and Urban Development (HUD). I/We also agree that this form authorizes the City to verify all sources of incomes and/or including, but limited to, the submittal of a request to the Employment Development Department/Unemployment Agency to verify any unemployment benefits currently being received.

☐I/We also acknowledge that a material misstatement or omission made by me regarding my income for immediate revocation by the City of Rocky Mount any financial assistance associated with the application and will result in the immediate demand for repayment of all amounts.

"WARNING: The information provided on this form is subject to verification by the U.S. Department of Housing and Urban Development (HUD) at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government."

Signature _____ Date_____

To Comply with Social Distancing
Completed applications and supporting documentation can be returned in the following ways:

DROP OFF	**MAIL**	**EMAIL**
Monday-Friday, 9am to 5pm Business Services Center 224 S. Franklin Street Rocky Mount, NC 27804 at **Drive-through window**	City of Rocky Mount Attn: Business Services Center Customer Assistance P.O. Box 1180 Rocky Mount, NC 27802	utilityassistance@rockymountnc.gov in the subject line enter **C19-UAP application** **please attach all supporting documentation*

For CRMT-CAS Use only			
Date Received:	Date Reviewed:	Date Decisioned:	
Application Approved for:	☐ C19-UAP	☐ UAP	☐ UW UAP ☐ Outside referral
Amount Approved:		☐Assistance Denied	
Additional notes:			
Signature of Customer Assistance Specialist:			

If you believe that you have been discriminated against, you may speak with a Fair Housing and Equal Opportunity intake specialist at 800-669-9777 or call the Regional (FHEO) Office at 800-440-8091.