

***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 will not be processed and you will not be contacted to remit complete.

Completed and signed COVID-19 UAP application

Documentation supporting loss of household income due to COVID-19; documents may include but are not limited to

- a. Notice of lay off, job closure or furlough on the company's letter head inclusive a start date of event
- b. Documentation requiring quantile due to COVID-19 on agencies letter head with number from contact person
- c. 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
- d. Documentation supporting lack of childcare for a school age child in conjunction with any documents for leave from applicant's employer
- e. This is not an all-inclusive list; documentation will be evaluated on a case by case basis

Copy of a valid photo id for the applicant

Copy of the applicant's Social Security and acknowledgement that Social Security Cards for any household member 18 years or older can be provided upon request

Proof of income prior to the COVID-19 event and current income for all household members 18 years or older. Proof could include:

- a. Two paystubs reflecting income for the months of February and March 2020 and the two most recent paystubs
- b. Last two (2) years filed tax returns for those self-employed
- c. Determination letters for Pandemic Unemployment Assistance, Federal Pandemonomic Unemployment Compensation, or unemployment
- d. Benefit Award letters for Social Security/SSI, Veteran's benefits, retirement, or other benefits
- e. Last three (3) months of payment records or verification form for child support
- f. This is not an all-inclusive list; please provide and document that can be verified to support reported income

Completed and signed Duplication of Benefits Certification

Benefit Verification letters for each person in the household from Social Security Administration. link www.ssa.gov

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.



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



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

My household was impacted by the LOSS of INCOME DUE TO 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
- Reduction self-employment income
- Rescission of job offer or delay in start date
- Closure or reduction of hours for a business owned/operated by applicant, the spouse or household member

*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 _____ Zip _____ County _____ Residence _____

ACCOUNT HOLDER INFORMATION

First Name _____ Last Name _____ Middle Initial _____
 Phone Number _____ Type of Number _____
 Email Address _____
 Gender _____ Race _____ Ethnicity _____

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

INCOME – APPLICANT CERTIFIED *Income is defined as the total annual gross income of all family and non-family members 18+ years old living with the household. All sources of income must be counted from all persons in the household based on the anticipated income expected with the next 12 months.*

Please check your household size (Column A) on the chart below. Then, check your annual household income range (Column B) based on your household size.

A. Household Size	B. Total Household Income		
<input type="checkbox"/> 1	<input type="checkbox"/> 0-\$12,250	<input type="checkbox"/> \$12,251 - \$20,350	<input type="checkbox"/> \$20,351 - \$32,550
<input type="checkbox"/> 2	<input type="checkbox"/> 0-\$14,000	<input type="checkbox"/> \$14,001 - \$23,250	<input type="checkbox"/> \$23,251 - \$37,200
<input type="checkbox"/> 3	<input type="checkbox"/> 0-\$15,750	<input type="checkbox"/> \$15,751 - \$26,150	<input type="checkbox"/> \$26,151 - \$41,850
<input type="checkbox"/> 4	<input type="checkbox"/> 0-\$17,450	<input type="checkbox"/> \$17,451 - \$29,050	<input type="checkbox"/> \$29,051 - \$46,500
<input type="checkbox"/> 5	<input type="checkbox"/> 0-\$18,850	<input type="checkbox"/> \$18,851 - \$31,400	<input type="checkbox"/> \$31,401 - \$50,250
<input type="checkbox"/> 6	<input type="checkbox"/> 0-\$20,250	<input type="checkbox"/> \$20,251 - \$33,700	<input type="checkbox"/> \$33,701 - \$53,950
<input type="checkbox"/> 7	<input type="checkbox"/> 0-\$21,650	<input type="checkbox"/> \$21,651 - \$36,050	<input type="checkbox"/> \$36,051 - \$57,700
<input type="checkbox"/> 8	<input type="checkbox"/> 0-\$23,050	<input type="checkbox"/> \$23,051 - \$38,350	<input type="checkbox"/> \$38,351 - \$61,400

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



INCOME-APPLICANT CERTIFIED *Continued*

My annual household income is above the amount listed on the table above.

My total household income is \$

HOUSEHOLD COMPOSITION/WAGES_ SALARY *Please list all parties in the applicant's household. In addition, income information for any person over the age of 18+ 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

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 ASSETS (including Checking, savings, investment balance and rental income)

Asset Description	Current Cash Value	Actual Income from Asset

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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)		

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

DROP OFF
Monday-Friday, 9am to 5pm
Business Services Center
224 S. Franklin Street
Rocky Mount, NC 27804
at **Drive-through window**

MAIL
City of Rocky Mount
Attn: Business Services Center
Customer Assistance
P.O. Box 1180
Rocky Mount, NC 27802

EMAIL
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 Decided:
Application Approved for:	<input type="checkbox"/> C19-UAP <input type="checkbox"/> UAP <input type="checkbox"/> UW UAP <input type="checkbox"/> Outside referral	
Amount Approved:	<input type="checkbox"/> Assistance Denied	
Additional notes:		
Signature of Customer Assistance Specialist:		

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Duplication of Benefits Consent to Release & Certification Form

Please indicate if you have received or have applied for any other utility assistance benefit, whether directly or in the form of reimbursement or payment directly to the utility provider since March 31, 2020

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

I certify that the information provided is accurate and current. I give the City of Rocky Mount permission to verify any information necessary to determine my eligibility for any available Utilities Assistance Program. I understand that providing false information is a violation of federal regulations, state, and local law.

Account Owner Signature:

Date: