

City of Roxboro Covid-19 Water and Sewer Assistance Program

Customer Name: _____

Residence Address: _____

Mailing Address: _____

Phone # : _____ Email Address: _____

Customer Name	Date of Birth	Employer
Spouse Name		
Family Member		
Family Member		

Has any member of this household applied for and received utility assistance for water and /or sewer from any program, including this one, since March 1, 2020? If yes, please list:

Program	Date applied	Amount
_____	_____	\$ _____
_____	_____	\$ _____

Account # _____

Date of Bill	Past Due Amount Amount of Bill	Bill Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

COVID-19 Certification

A. Is the need directly related to the impact of COVID-19? YES NO

B. If "YES", please indicate the nature of the impact of COVID-19:

- Employment loss/ Reduced hours
- COVID-19 illness or caring for someone with COVID-16
- Other: _____

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I further understand that if any false statements are made in connection with this application, the City of Roxboro will seek any remedies available under law, including monetary relief in the form of repayment and reimbursement of all benefits received and /or cost attributes to the collection thereof. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I give the City of Roxboro permission to verify any information necessary to determine my eligibility for the City of Roxboro COVID-19 Water and Sewer Program.

Signature

Date

For City Use

Account # _____

Date	Bill Due Date	Amount of Bill	Amount Approved