

CORONAVIRUS RELIEF FUND (CRF) CUSTOMER ATTESTATION FORM

RESIDENTIAL ACCOUNTS

Account Information

Your Full Name (First, Middle Initial, Last): _____

Your Co-op Account Number (from your electric bill): _____

Total Arrearage Amount (Co-op will fill in later): _____

Your Street Address Where Service is Provided: _____

City/State/ZIP Code: _____

County Where Service is Provided: _____

Your Phone Number (Include Area Code): _____

Your COVID-Pandemic-Related Hardship

Check the box 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):

- Laid Off Work
- Place of Employment has Closed (Temporarily or Permanently)
- Reduction in Hours of Work
- Must Stay Home to Care for Children due to Closure of School and/or Day Care
- Loss of Child Support or Spousal Support
- Not Able to Work or Missed Hours due to Contracting COVID-19
- Unwilling or Unable to Participate in Employment Due to Risk of Severe Illness from COVID-19
- Other (Describe in Detail) _____

Attestation

By my signature below, 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 staff at the Cooperative to verify records as necessary to verify my eligibility for assistance. I declare to the best of my knowledge that I am the only person living in the household at the address shown on this form who has applied for this assistance. I certify that I have 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. I understand and my signature on this form gives permission to the Cooperative to which I am applying to verify information concerning my need for assistance. This form will be retained by the Cooperative and may be subject to audit by state or federal government agencies.

Signature: _____

If signing this form electronically, I agree that my electronic signature will have the same legal effect as a handwritten signature pursuant to the Virginia Uniform Electronic Transaction Act.