



**CARES ACT, County of Marion  
Utility Assistance Program  
A Partnership Between**



**Commercial Utility Customer  
Application & Certification Form**

**1) Customer Information**

Business Name \_\_\_\_\_ County of Residence \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (only if different) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Number of Employees \_\_\_\_\_

**2) How has COVID-19 impacted your ability to make utility payments? Check all that apply**

Closure of business (duration of business closure) \_\_\_\_\_ to \_\_\_\_\_  
 Reduced Business hours (duration of reduced hours) \_\_\_\_\_ to \_\_\_\_\_  
 Increased business costs  
 Other \_\_\_\_\_

**3) What time period have you experienced difficulty making utility payments as a result of the selected COVID-19 impacts?**

Start Date: \_\_\_\_\_, 2020 through End Date \_\_\_\_\_, 2020

**4) Do you rent or own your business facility?**

Own  Rent

**5) Which HBPW utilities are you seeking payment assistance? Attach copies of all utility bills being covered by this application.**

Electric  Water  Sewer

Total Balance Due: \$ \_\_\_\_\_

**6) Have you applied to the Paycheck Protection Program (PPP) for financial assistance?**

Yes  No  Amount of Application: \$ \_\_\_\_\_

Return Completed Applications to:  
 711 Grand Avenue  
 Hannibal, MO 63401  
 573-221-3892  
 800-530-5016  
 Fax: 573-221-6196



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Status of PPP Application:  Approved  Denied  Pending  
Will you use PPP to pay cover HBPW utility costs?  Yes  No  
If yes, how much? \$ \_\_\_\_\_

7) CARES ACT utility assistance will not be applied to late fees or service fees. Is there additional payment you can afford to contribute to your HBPW utility bill?

Late and Service Fees: \$ \_\_\_\_\_  
Additional Payment: \$ \_\_\_\_\_

8) Certification and Consent

I hereby apply for financial assistance through the City for Coronavirus Relief Fund for the delinquent amounts, specified above, on my City utility accounts. I hereby authorize the County to make payment directly to the HBPW on my behalf as applied for in this application.

I understand that by making this application, I am not guaranteed financial assistance and I am still responsible for any unpaid utility bills. I understand I will have to file additional application(s) for future needs and there is no guarantee that funds for financial assistance will be available.

I understand that I may be fined, imprisoned, or both under state or federal law if I make false statements on this application in order to get benefits that I am not entitled to.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

9) For internal use only:

Amount Approved: \$ \_\_\_\_\_

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