



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



Residential Utility Customer Application & Certification Form

1) Customer Information

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

How many people live in your household? Adults _____ Children _____

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

Loss of overall household income
 Increased utility expenses due to staying at home
 Increased medical expenses
 Increased essential living 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 residence?

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: \$ _____

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



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6) Have you applied to Low Income Home Energy Assistance Program (LIHEAP) for financial assistance?

Yes No Amount of Application: \$ _____

Status of LIHEAP Application: Approved Denied Pending

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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