



Providence City Residential Utility Support Program Application Instructions

The Providence City Residential Utility Support Program is intended to support individuals who live in Providence City in making utility payments for water, sewer, garbage, natural gas, electricity, phone and internet while they are affected by COVID-19. You are eligible for the program if you meet one of the following criteria:

1. Your employment has been terminated since March 1, 2020 due to COVID-19 related causes and you are not currently working.
2. You have been furloughed from your job since March 1, 2020 due to COVID-19 related causes and you are not currently working.
3. Your wages and/or hours of paid employment are currently reduced due to COVID-19 related causes relative to your position on March 1, 2020, including unpaid sick leave in conjunction with self-isolation while waiting for test results or a positive test.

To apply, submit:

1. This application form with all information completed (front and back of form).
2. Documentation from your employer indicating that you were employed by them as of March 1, 2020 but that your employment has changed.
3. Copies of utility bills for water, sewer, garbage, natural gas, phone, internet, and/or electricity showing the amount of your bills.

Online submissions are encouraged to be submitted via email (with the attached submittals listed in the previous paragraph) to: ryansnow2@providence.utah.gov Alternatively, physical copies may be deposited in a sealed envelope in the Bill Pay drop box just outside the Providence City offices.

The initial round of applications will consider a grant of up to **\$100** per household per month based on actual billed expenses submitted to the city. The initial round of applications contemplates bills dated from May 1st through September 30th 2020. The city will initially allocate **\$10,000** to this program to assist eligible affected individuals and reevaluate the program based on demand and availability of funds. Funding decisions will be made on the basis of available funds as well as demonstration of need in the statement on the following page.

The Program will be implemented in a manner consistent with State and Federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination on the basis of his or her religion, age, race, color, ancestry, national origin, sex, marital status, family status, disability, sexual orientation, gender identity, veteran status or other arbitrary cause.



Providence City Residential Utility Support Program Application

Name: _____ Address: _____

Phone: _____ Email: _____

The undersigned hereby certifies that the undersigned meets the following criteria [check box for each criteria that applies]:

a My employment has been terminated since March 1, 2020 due to COVID-19 related causes and I am not currently working.

a I have been furloughed from my job since March 1, 2020 due to COVID-19 related causes and I am not currently working.

a My wages and/or hours of paid employment are currently reduced due to COVID-19 related causes relative to my position on March 1, 2020, including unpaid sick leave in conjunction with self-isolation while waiting for test results or a positive test.

Please write a brief statement that outlines your need for this utility support grant:

You, the undersigned, hereby represent and warrant to Providence City following:

1. Section 1001 of Title 18 of the United States Code provides that whoever knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

2. Providence City or any designated agent, affiliate, or assignee of the same is authorized to investigate the personal and business financial credit history, check credit reports, verify bank accounts, employment, debts, mortgages, and all reasonable and necessary information to process the application of the undersigned.

3. The undersigned understands and acknowledges that the funds from this Program may or will be provided by the federal government through the Coronavirus Relief Fund (CFR) established by the Coronavirus Aid, Relief, and Economic Security Act (CARES) of 2020 and that the undersigned will adhere to all terms and conditions of the CARES Act and any current and future guidance related to the CRF provided by the U.S. Treasury Department.

4. The undersigned understands and acknowledges that this an application for funds from a public government entity and that certain non-confidential parts of the application may be disclosed to the public as required by law notwithstanding that Providence City will redact confidential personal information such as bank account numbers, social security numbers, and personal financial information where allowed by law.

5. The purpose for which funds from this Program are sought have not been or will not be covered by any other federal program, including other federal CARES Act funds such as, but not limited to, Payroll Protection Program (PPP).

6. An individual may not receive federally subsidized disaster assistance that duplicates any part of their disaster loss covered by insurance or another source. Applicants for the Program must disclose any funds applied for or received from these sources or other federal and state assistance programs. It is the City's sole discretion to determine if funds received from any of these sources constitutes a duplication of benefits. If a duplication of benefits determination is made after the City funds have been disbursed, the amount of funds that were determined to be duplicative must be repaid to the City. The undersigned has applied for the following other funds or grants related to Coronavirus relief of any kind, including insurance sources:

7. The purpose for which funds from this Program are sought have not been and will not be paid for under private donation or forgiveness programs from a utility service provider.

8. The undersigned will only use the funds received from the Program for the uses indicated on this application and for no other purpose.

9. If the undersigned uses these funds to make private utility payments, the funds utilized to make said payments shall not exceed \$50 per month for internet and/or \$50 per month for phone service.

10. The undersigned will cooperate with Providence City in providing to Providence City any documentation or information requested by Providence City as may be needed to verify the proper use of any funds received under the Program or the eligibility of the undersigned to receive funds under the Program.

11. All information on this application is correct and true.

Applicant's Declaration & Signature

Pursuant to Utah Code Ann. § 78B-18a-104, the undersigned declares under criminal penalty of the State of Utah that the contents of the application are in all respects true and correct based upon the undersigned's personal knowledge. The undersigned also agrees to indemnify and defend Providence City against any and all losses, claims, damages, liabilities and obligations of any kind and description, including any reasonable attorney fees incurred by Providence City in investigating, defending or settling such losses, damages, liabilities and obligations, arising out of any misrepresentation or false statement on this application or any breach of any warranty provided hereunder and any matters directly related thereto.

Signature or Applicant: _____

Date: _____

PROVIDENCE CITY OFFICE USE ONLY

Date Received by the City	___ / ___ / _____
Amount of grant money submitted to applicant	\$ _____

City Staff Authorizers

Name (Print)_____

Name (Signature)

Date ____ / ____ / _____

Name (Print)_____

Name (Signature)

Date ____ / ____ / _____