

# PUBLIC ANNOUNCEMENT

FOR IMMEDIATE RELEASE

JCPSD Customers,

JCPSD has worked with the Jefferson County Government to received Federal funding administered through the CARES Act, to establish a Utility Assistance program for anyone financially affected by the COVID-19. These funds are available to any JCPSD sewer or water customer that meets the following program guidelines:

- Sewer or water customers of Jefferson County Public Sewer District.
- Sewer or water customer with account arrears dating back no further than April 1, 2020 and ending in August 31, 2020.

The Utility Assistance program will provide the following assistance:

- One-time payment provided to JCPSD customers account totaling the amount owed at time of service.
- Amount of assistance shall meet the arrears due for the customers balance through the April 1 to August 31 period.
- Amount includes late fees, disconnection fees and reconnection fees.

All program applicants will be required to complete an application and must provide the following:

- Completed JCPSD Utility Assistance Application.
- Affirm that the household has been impacted by COVID-19.
- Proof of residency in the household.

If you think you are eligible for assistance, please contact our customer service representative, 636-797-9900 to discuss. Funds are limited so please submit your application early.

Best regards,

Douglas S. Bjornstad, P.E.  
District Manager

**CARES ACT, County of \_\_\_\_\_, Customer of \_\_\_\_\_**  
**Residential Utility Customer Application & Certification Form**

1) Customer Information

Name \_\_\_\_\_ County of Residence \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address, (*ONLY if different*)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

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) Which utilities are you late on making payments?

(*check all that apply*)

\_\_\_\_\_ Water Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Utility Name: \_\_\_\_\_

\_\_\_\_\_ Sewer Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Utility Name: \_\_\_\_\_

~~\_\_\_\_\_ Electric Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_~~

~~Utility Name: \_\_\_\_\_~~

~~\_\_\_\_\_ Natural Gas Account # \_\_\_\_\_ Balance: \$ \_\_\_\_\_~~

~~Utility Name: \_\_\_\_\_~~

5) Do you rent or own your residence? \_\_\_\_\_ Own \_\_\_\_\_ Rent

6) If rental, do you pay the utility company directly or the Landlord?

	Customer Pays:	Landlord Pays:
Water	_____	_____
Sewer	_____	_____
<del>Electric</del>	<del>_____</del>	<del>_____</del>
<del>Natural Gas</del>	<del>_____</del>	<del>_____</del>

7) 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

8) Amount of payments you expect to be able to contribute to your utility bills in the next 60 days (include LIHEAP funds).

Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_

~~Electric \$ \_\_\_\_\_ Natural Gas \$ \_\_\_\_\_~~

9) 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 City utility(ies) 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 (black or blue ink)

Date: \_\_\_\_\_, 2020

10) Attach copies of all utility bills being covered by this application.