



Coronavirus Relief Fund Nonresidential Attestation

Central Virginia Electric Cooperative

Coronavirus Relief Fund (CRF) - Nonresidential Customer Attestation Form

Account Information:

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

Business/Entity Name: _____

Business Co-op Account Number (from your notice letter): _____

Total Arrearage Amount (from your notice letter): _____

Street Address Where Service is Provided: _____

City/State/ZIP Code: _____

County Where Service is Provided: _____

Business Phone Number (Include Area Code): _____

Your COVID-Pandemic-Related Hardship:

Check the box certifying that the utility arrearage is due to economic hardship experienced as a result of the COVID-19 pandemic:

Yes

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 who has applied for/on behalf of the non-residential account, including its successors (if any), at the address shown on this form, and that I am not a government account holder. 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: _____

Name & Title: _____

Return completed forms by email to crf@mycvec.com or by mail to:

Central Virginia Electric Cooperative
Attn: Member Services
P.O. Box 247
Lovingson, VA 22949