

**CORONAVIRUS RELIEF FUND (CRF) CUSTOMER ATTESTATION FORM
NOVEC Nonresidential Account – Spring 2021**

Account Information

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

Business/Entity Name: _____

NOVEC Account Number (Found on Your Electric Bill): _____

Street Address Where Electric Service is Provided: _____

City/State/ZIP Code: _____ County: _____

Business Phone Number (Include Area Code): _____

Your COVID-Pandemic-Related Hardship

Check the box to certify and attest that this NOVEC electric bill is past due because of economic hardship experienced as a result of the COVID-19 pandemic:

Yes

Customer Certification and Attestation

By my signature below, I desire to receive any assistance to which I am legally entitled under the Coronavirus Relief Fund (CRF) through the federal CARES Act and its specifications. I certify and attest that the reason I am eligible for this 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 Northern Virginia Electric 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 past due amounts 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 for Northern Virginia Electric Cooperative 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: _____ Date: _____

Printed Name: _____ Title: _____

If signing this form electronically, I agree that my electronic signature will have the same legal effect as a handwritten signature pursuant to the Virginia Uniform Electronic Transaction Act.