

CORONAVIRUS RELIEF FUNDS (CRF FUNDS)

GCWSA CUSTOMER APPLICATION

THE ELIGIBILITY DATES ARE MARCH 16, 2020 THROUGH SEPTEMBER 15, 2020

CUSTOMER NAME:			
SERVICE ADDRESS:			
CITY, STATE, ZIP			
TELEPHONE:			
ACCOUNT #			
LAST FOUR DIGITS OF SSN #:			
HAVE YOU EXPERIENCED AN ECONOMIC HARDSHIP DUE TO COVID-19? (CHECK ALL THAT APPLY)			
<input type="checkbox"/>	LOSS OF JOB – DATE	<input type="checkbox"/>	CHANGE IN INCOME - DATE
<input type="checkbox"/>	LAI D OFF / FURLOUGHED - DATE	<input type="checkbox"/>	REDUCED HOURS - DATE
PLEASE EXPLAIN:			
VERIFICATION / DOCUMENTATION IS REQUIRED - INCLUDE DATES OF HARDSHIP: PLEASE ATTACH			
<input type="checkbox"/>	VA EMPLOYMENT COMMISSION MONETARY DETERMINATION	<input type="checkbox"/>	EMPLOYER LETTER ON OFFICIAL LETTERHEAD TO INCLUDE EFFECTIVE DATES
*****OFFICIAL OFFICE USE BELOW*****			
<input type="checkbox"/>	CUSTOMER QUALIFIES AND IS APPROVED FOR THE ONE-TIME CORONAVIRUS RELIEF FUNDS (CRF FUNDS)		
\$	AMOUNT CREDITED TO GCWSA CUSTOMER ACCOUNT		
<input type="checkbox"/>	CUSTOMER <u>DOES NOT</u> QUALIFY FOR THE CORONAVIRUS RELIEF FUNDS (CRF FUNDS)		