ERAP 2.0 - Utility Payment Agreement Form Version1

**Instructions for ERAP service provider:** Complete all sections with head of household or utility provider.

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| 1. **Household Information** | |
| **Household ID** *(completed by ERAP service provider)****:*** | **Date:** |
| Name: | |
| City: | State/Zip Code: |
| 1. **Utility Request** | |
| Indicate below the time period the utility payment covers *(example: 3/15/21-5/15/21).* Assistance cannot be provided for arrears that were accrued before March 1, 2020. Future utility payments are limited to three months at one time. | |
| **Utility Provider Name:**  **Utility Type(s):**  **Utility Provider Tax ID or DUNS #:**  **Utility Provider Address:** | |
| **Service Period for Assistance Requested (Month/Day/Year):**  **Total $/Payment Requested:** | |
| **Utility Provider Name:**  **Utility Type(s):**  **Utility Provider Tax ID or DUNS #:**  **Utility Provider Address:** | |
| **Service Period for Assistance Requested (Month/Day/Year):**  **Total $/Payment Requested:** | |
| **Utility Provider Name:**  **Utility Type(s):**  **Utility Provider Tax ID or DUNS #:**  **Utility Provider Address:** | |
| **Service Period for Assistance Requested** **(Month/Day/Year):**  **Total $/Payment Requested:** | |
| **Utility Provider Name:**  **Utility Type(s):**  **Utility Provider Tax ID or DUNS #:**  **Utility Provider Address:** | |
| **Service Period for Assistance Requested (Month/Day/Year):**  **Total $/Payment Requested:** | |
| **Total Amount of Utilities Paid: $** | |