



City Of Union

101 Sharpe Avenue
P.O. Box 987
Union, SC 29379

City of Union American Rescue Plan Utility Bill Assistance Grant - Residential

Date: _____

Utility Account Number : _____

Service Address: _____

Customer Name: _____

****The City of Union requires a statement from your employer stating that you, or another contributing adult proven to reside in your household, have been, or have previously been, temporarily unemployed due to the COVID-19 pandemic. Other forms of documentation could include but are not limited to:**

- Pay stubs indicating reduced working hours and/or wages during the Covid-19 pandemic
- Tax documents (W2s or tax returns) indicating reduced wages from 2019 to 2020, or from 2020 to 2021.

I understand that this is a one-time application, and I will not be permitted to apply for additional assistance. Once my application is submitted and then subsequently approved, I understand that that a \$50 credit will be applied to my City of Union utility bill for the next two (2) billing cycles, for a total of \$100. I further understand that this grant program operates only as funds are available. The City of Union reserves the right to discontinue the issuance of assistance grants if American Rescue Plan funds are depleted.

Customer signature is required _____ Date _____