ERAP 2.0 - Utility Payment Agreement Form Version1

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

|  |
| --- |
| 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: $** |