



**City of Harker Heights
Coronavirus Relief Fund (CRF)
Water Payment Assistance Grant Program Application
Commercial Accounts**

Applicant Name: _____

Co-Applicant Name: _____

Service Address: _____

Email address: _____

Phone number: _____

Have you had reduced or loss of income due to Covid-19? ☐ Yes ☐ No

Income before Covid-19? \$_____ ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Income today? \$_____ ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Business Information

Business Name: _____

Type of Business (i.e. retail, restaurant, spa, bar): _____

Please explain any revenue decline experienced / anticipated between March 1, 2020, and December 30, 2020, due to COVID-19. Documentation (i.e. bank statements, past due bills, etc.) should be attached to support your response. _____

How has COVID-19 impacted your business? _____

Have you applied for funds elsewhere? ☐ Yes ☐ No If yes, provide the amount and how those funds are / will be used? _____

Did your business have to close and / or operate on a limited capacity due to COVID-19? ☐ Yes ☐ No
If yes, what was the duration of the closure? If you are still closed, do you plan to re-open and when? ____

I hereby certify that the information and statements made on this form and all information furnished in support of the application for assistance are true and correct to the best of my belief and knowledge. I agree to give the City of Harker Heights Water Department any information necessary to prove statement about my eligibility. I understand that this application will be considered without regard to race, color, religion, creed, national origin, or political belief. I understand if granted assistance, it is a ONE TIME ONLY GRANTED ASSISTANCE.

The applicant agrees that this application may be electronically signed. The applicant agrees that the electronic signature appearing on this application is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.

Applicant's Signature: _____ **Date:** _____

Co -Applicant's Signature: _____ **Date:** _____