



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

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_

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

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

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

**Applicant Employment: Must have employer name and contact information from the job affected by Covid-19.**

Current Job Status: ☐ Employed ☐ Reduction of Hours ☐ Laid Off ☐ Terminated ☐ Other: \_\_\_\_\_

Effective Date of Status Change: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long employed: \_\_\_\_\_

Did your company have to close and/or operate on a limited capacity due to COVID-19? What was the duration of the closure? \_\_\_\_\_

\_\_\_\_\_

**Co-Applicant Employment: Must have employer name and contact information from the job affected by Covid-19.**

Current Job Status: ☐ Employed ☐ Reduction of Hours ☐ Laid Off ☐ Terminated ☐ Other: \_\_\_\_\_

Effective Date of Status Change: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long employed: \_\_\_\_\_

Did your company have to close and/or operate on a limited capacity due to COVID-19? What was the duration of the closure? \_\_\_\_\_

**COVID-19 has affected my household in the following way: (Describe the need for assistance and how the household has been affected by the COVID-19 pandemic.)**

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 furthermore give the City of Harker Heights Water Department permission to contact my employer to verify information I have provided to establish 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: \_\_\_\_\_

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**Employment Status Verification Form**

**This form must be completed by your employer. A signed letter from the employer can be substituted.**

Today's Date: \_\_\_\_\_

This statement is to confirm that \_\_\_\_\_ is/was employed at:  
\_\_\_\_\_.

He/ She worked full-time hours of \_\_\_\_\_ per week or part-time hours of \_\_\_\_\_ per week at \$ \_\_\_\_\_ per hour or \$ \_\_\_\_\_ annually.

The frequency of payment was: ☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Status of employment due to COVID - 19 as of today's date: \_\_\_\_\_

\_\_\_\_\_ Change in employment was not related to COVID-19

\_\_\_\_\_ Reduction of Hours

\_\_\_\_\_ Laid Off

\_\_\_\_\_ Terminated

\_\_\_\_\_ Other: \_\_\_\_\_

Company Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_