



Submit your completed application in one of the following ways:

Email: hs.energy@wakegov.com

Fax: 919.212.7085

Mail: WakeHELPS/Energy Program
Wake County Human Services
P O Box 46833
Raleigh, NC 27620-6833

In Person:

Bring your documentation to a drop box at one of the following Wake County Human Services locations:

- Swinburne Building, 220 Swinburne St., Raleigh
 - Eastern Regional Center, 1002 Dogwood Drive, Zebulon
 - Northern Regional Center, 350 E. Holding Ave., Wake Forest
 - Southern Regional Center, 130 N. Judd Parkway NE, Fuquay-Varina
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**You will be notified by email or mail if your
application is approved or denied.**

**WakeHELPS Application
Residential Utility Assistance
Wake County Human Services**

Please indicate if anyone in the household received or has applied for any other energy assistance or utility assistance benefit, whether directly or in the form of reimbursement or payment directly to the utility provider from March 1, 2020 through December 30, 2020:

Source/type	Yes or No	If yes, who:	Amount:	Date last received:
LIEAP	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crisis Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Energy Neighbor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Share the Warmth	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Helping Each Member Cope	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Wake Electric Roundup	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Wake Prevent	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rental Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Utility services eligible for payment in accordance with this WakeHELPS application include those deemed essential, direct end-user residential utility services including those identified in Governor Cooper’s Executive Order 124 that would exacerbate public health and safety risks in the event of disconnection. Bills eligible for a subsidy under this program include electric, natural gas, water, wastewater and solid waste services and any combination thereof, but would not include telecommunication services or any utility fines/penalties accrued for improper use or special fees or assessments. An applicant may submit bills from multiple utility providers for the dates of service covered under this program (March 27, 2020 through December 30, 2020), subject to the maximum payout provided for under this program.

Utility Providers Include: AQUA, City of Raleigh, City of Cary, Duke Energy, Dominion, Towns of Apex, Fuquay Varina, Holly Springs or Wake Forest, & Wake Electric.

Utility Provider: _____
 Name of accountholder: _____
 Account number: _____
 Total Amount Due: _____ Past Due Amount: _____

ATTACH A COPY OF THE INVOICE OR BILL FOR SERVICES RENDERED FROM MARCH 27, 2020 THROUGH DECEMBER 30, 2020 FOR WHICH YOU ARE REQUESTING ASSISTANCE UNDER THIS PROGRAM.

Utility Provider: _____
 Name of accountholder: _____
 Account number: _____
 Total Amount Due: _____ Past Due Amount: _____

ATTACH A COPY OF THE INVOICE OR BILL FOR SERVICES RENDERED FROM MARCH 27, 2020 THROUGH DECEMBER 30, 2020 FOR WHICH YOU ARE REQUESTING ASSISTANCE UNDER THIS PROGRAM.

COVID Certification:

- a. Is the need directly related to the impact of COVID-19? Yes No
 b. If “Yes”, please indicate the nature of the impact of Covid-19:

- Employment loss/reduced hours
 COVID-19 illness or caring for someone with COVID-19
 Other: _____

ADDITIONAL Information (Additional Household Members, Income, etc.):

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CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, sexual orientation, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

APPLICANT STIPULATIONS AND WARRANTIES

By submission of this application, I hereby certify as follows:

1. The utility bill included and attached hereto are for services received from March 27, 2020 through December 30, 2020 at my primary residence for which I am the account holder.
2. I warrant that I have reported all other energy and utility benefit programs that I have received or applied for, including both federal, state, local, private and non-profit on this application.
3. I warrant that I have reported all income sources and have attached income verification documentation with this application.
4. I have attached a true copy of the utility bill to this application for which I am requesting payment assistance.
5. My ability to pay the utility bill submitted in connection with this application has been directly impacted by COVID-19.
6. I grant consent to Wake County to verify any information requested in connection with this application from any third party.
7. I accept responsibility for any reporting or tax consequences associated with my participation in this program.
8. I understand and stipulate that the maximum award I may receive under this program is \$500.00 and that it remains my responsibility to pay any balances or expenses remaining on any utility account after benefits under this program have been exhausted.
9. I understand and stipulate that it is my responsibility to submit all bills for which payment assistance is requested and that Wake County will not request billing statements from the individual utility providers listed herein.
10. I understand that my participation in this program may render me ineligible for other benefit programs.
11. I understand that if I qualify for this program, payment will be made directly to the utility provider on my behalf at an amount not to exceed the total billed amount.
12. I understand and stipulate that benefits are not guaranteed and that funds may be exhausted before receipt of the maximum amount.
13. Wake County may terminate this program or my participation in this program at any time and for any reason.

CERTIFICATIONS AND REMEDIES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I further understand that if any false statements are made in connection with this application, Wake County may seek any remedies available under law, including monetary relief in the form of repayment and reimbursement of all benefits received and/or costs attributed to the collection thereof. I certify that the information I have provided is a true and complete statement of facts according to the best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the WakeHELPS Utilities Assistance Program. I understand that the information on this form may be checked by the Federal, State, County or City reviewer and I agree to this review.

Signature – Applicant

Date

E-SIGNATURE CERTIFICATION

Both parties agree to accept an electronic signature in lieu of a manual signature and that the electronic signatures captures herein are capable of certification in accordance with N.C.G.S. § 66-58.5. The applicant hereby certifies that it has personally completed this application electronically and that the signature are 1) unique to the applicant, 2) capable of certification, 3) under the sole control of the applicant, 4) capable of validation, and 5) shall be deemed an original for all purposes in connection with this Application and the representation made herein. The applicant further certifies that the e-signatures provided herein shall have the same force and affect as a manual signature in accordance with N.C.G.S. § 66-58.5.

Signature – Applicant

Date