



# ERAP 2.0 - Utility Payment Agreement Form Version 1

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

<b>1. Household Information</b>	
<b>Household ID</b> <i>(completed by ERAP service provider):</i>	<b>Date:</b>
Name:	
City:	State/Zip Code:
<b>2. Utility Request</b>	
Indicate below the time period the utility payment covers <i>(example: 3/15/21-5/15/21)</i> . Assistance cannot be provided for arrears that were accrued before March 1, 2020. Future utility payments are limited to three months at one time.	
<b>Utility Provider Name:</b> <b>Utility Type(s):</b> <b>Utility Provider Tax ID or DUNS #:</b> <b>Utility Provider Address:</b>	
<b>Service Period for Assistance Requested (Month/Day/Year):</b> <b>Total \$/Payment Requested:</b>	
<b>Utility Provider Name:</b> <b>Utility Type(s):</b> <b>Utility Provider Tax ID or DUNS #:</b> <b>Utility Provider Address:</b>	
<b>Service Period for Assistance Requested (Month/Day/Year):</b> <b>Total \$/Payment Requested:</b>	
<b>Utility Provider Name:</b> <b>Utility Type(s):</b> <b>Utility Provider Tax ID or DUNS #:</b> <b>Utility Provider Address:</b>	
<b>Service Period for Assistance Requested (Month/Day/Year):</b> <b>Total \$/Payment Requested:</b>	
<b>Utility Provider Name:</b> <b>Utility Type(s):</b> <b>Utility Provider Tax ID or DUNS #:</b> <b>Utility Provider Address:</b>	
<b>Service Period for Assistance Requested (Month/Day/Year):</b> <b>Total \$/Payment Requested:</b>	
<b>Total Amount of Utilities Paid: \$</b>	