



# Homeowner Assistance Fund

Assisting Homeowners Impacted by COVID-19

Utility Provider Participation and Payment Acceptance Agreement

Customer Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Unit Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Participation:* The Aleutian Housing Authority, hereafter referred to as AHA, administers the Homeowner Assistance Fund (HAF) funded by the Department of Treasury. AHA will issue monthly utility and/or utility arrears payments directly to the provider on behalf of eligible households impacted during the COVID-19 pandemic. The above listed Customer has applied for HAF assistance. *The application process includes verification paperwork that must be completed by the applicant's utility provider(s).* Please complete and return this form at your earliest convenience. Payments will not be processed until this information is returned.

*Your participation is encouraged and appreciated. Please select one of the following:*

- I do not want to participate in the Aleutian Housing Authority's Homeowner Assistance Fund program; or
- I want to participate in the Aleutian Housing Authority's Homeowner Assistance Fund program. To receive payment(s), I will provide this signed agreement.

Company Name: \_\_\_\_\_ Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Tax ID/DUNS # \_\_\_\_\_

Customer's monthly utility payment is due on the \_\_\_\_\_ of each month.

Monthly Utility Amount: \$	Date Next Payment Due:
Amount of Last Payment: \$	Date of Last Payment:

Is the Customer in arrears? ( ) YES ( ) NO If yes, please list utility arrears amounts and total amount owed. *Only include amounts beginning on or after March 13, 2020.*

List of Utility Arrears	
Month/Year	Amount \$

Total Amount Owed:
\$

## Payment Information

The quickest way to receive payment is through Electronic Funds Transfer (EFT). To enroll, please complete the following *Electronic Funds Transfer Authorization Form* and return it with this document. For payment by check, please complete the following information:

PAY TO THE ORDER OF: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Client Account Number \_\_\_\_\_ for payment to be posted.

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### *Utility Provider Participation and Payment Acceptance Agreement*

1. I certify that the above listed Customer has a utility account with this company and is obligated to pay monthly utility costs.
2. I certify that the monthly utility costs are associated with the unit address listed above.
3. As part of my participation, I agree to provide AHA with any documentation necessary to complete the application process, and, in the event the Customer is selected for the program, any documents needed to complete the payment process.
4. I agree to provide AHA with a receipt for any assistance received under this program on behalf of the above listed Customer.
5. I understand that the term of this agreement will begin upon my acceptance of any payment made by AHA for homeowner assistance fund for the named Customer and will continue for the full term of the months for which utilities is paid on their behalf.
6. I understand that submission of this Agreement does not obligate AHA to provide any funds to the me.
7. I agree to not disconnect utilities for this account the duration of this assistance.
8. I agree to not accept multiple payments from multiple assistance programs for the utility amounts paid by AHA. If a duplicate assistance payment through another such program is received, I will reimburse AHA the full amount of any excess payments within thirty (30) days.
9. I understand that assistance is limited, and that assistance may be terminated if a participant is determined to be no longer eligible and/or has not been compliant with the program requirements.
10. I certify that the above information is true and accurate to the best my knowledge and that providing false representations herein constitutes an act of fraud.

\_\_\_\_\_  
Utility Provider Authorized Representative (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AHA Representative (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
AHA Representative Signature

\_\_\_\_\_  
Date

Submit completed form by clicking on the [Submit Form Button] or email: [haf@ahaak.org](mailto:haf@ahaak.org) or Fax 1-833-899-8155