



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

ATTENTION SNAP, TANF, OR WIC RECIPIENTS:

Dominion Energy is prohibited from disconnecting your service through February 28, 2022, if you received assistance through the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families Program (TANF), or the Women, Infants, and Children Program (WIC) between the period of January 1, 2019 and July 31, 2021.

The requirements established by the General Assembly are as follows:

"That a Phase II Utility shall be prohibited from disconnecting service for non-payment of bills or fees, from the effective date of this act until March 1, 2022, for any jurisdictional residential customer who has previously demonstrated they received federal, state, nonprofit entity, or utility payment assistance at any time between January 1, 2019 and July 31, 2021, or as having a qualified medical account designation with the utility as of July 31, 2021, or as certified by the Virginia Department of Social Services, which shall work with the utility to provide such certification, as being a recipient of Supplemental Nutrition Assistance Program (SNAP); Women, Infants, and Children Program (WIC); or Temporary Assistance for Needy Families (TANF) benefits at any time between January 1, 2019 and July 31, 2021."

We need your permission to certify to Dominion Energy your participation in SNAP, TANF, or WIC. Please complete, sign and mail this form to the address provided below.

I give consent to the Virginia Department of Social Services to confirm to Dominion Energy that I received SNAP, TANF, or WIC between January 1, 2019 and July 31, 2021. This confirmation is being provided to Dominion Energy for the sole purpose of determining if my household will be eligible for a pause of electric service disconnection through February 28, 2022. My information will not be shared with any other organization.

Customer's Signature or Mark: _____ Date: _____

Printed Name of Witness to Mark: _____ Date: _____

(Note: If unable to sign for yourself, please include a witness to the signature mark.)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Return this form to: Benefit Programs Dominion Project, 801 E. Main Street, 9th Floor, Richmond, VA 23219