Ameren Illinois Non-Residential Hardship Grant Application

To qualify for assistance through the Non-Residential Hardship Program, you must be **a small business or 501(c)(3) not-for-profit organization experiencing hardship**, and an active Ameren Illinois customer. You will be contacted regarding your status by email or mail approximately 10 business days from receipt of your application. Customers may receive a one time grant of up to $1,000. Only one grant per customer is allowed per calendar year. **Applications will be reviewed based on program guidelines until funding has been depleted.**

Please complete the required fields below:

*Account Number __ __ __ __ __ - __ __ __ __ __ (one account per customer)

*Business or Organization Name_____

Name listed on the account if different from above: _____

*Address_____ *City/Zip_____

*Phone Number __ __ __ - __ __ __ - __ __ __ __ Ext. _____

*Contact Name:_____

*Contact Phone Number: __ __ __ - __ __ __ - __ __ __ __ Ext. _____

*Email:_____

Can the email address be added to your Ameren Illinois account and used to communicate important account messages? ☐ Yes ☐ No

Is your organization a 501(c)(3) not-for-profit? ☐ Yes ☐ No

*Is your company a small business with fewer than 50 employees in Illinois? ☐ Yes ☐ No

Organization Description: please clearly check one

☐ Small Business, Sole owner ☐ School, Day Care ☐ Religious Organization

☐ Community Association ☐ Senior Organization ☐ Charitable Organization

☐ Other _____

Mailing address, if different from above:

Street/PO Box:_____

City _____ State _____ Zip Code _____

*Please briefly explain your hardship:

_____

_____

_____

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Completion of this section is required.

The Non-Residential Hardship Program is administered by Ameren Illinois. Applications are approved and denied based on program guidelines. Notification of application status is provided by Ameren Illinois (by email or mail) approximately 10 business days from receipt of application. We are now accepting applications until funding has been depleted.

Please complete all requested information thoroughly. Incomplete or incorrect forms may delay or result in a denied application.

TERMS AND CONDITIONS

I understand and acknowledge that my eligibility for the program or actual receipt of any benefits from the program shall not relieve me of any personal obligation or liability I may have to Ameren Illinois, except to the specific and limited extent that any validly approved credit under the Non-Residential Hardship Program may reduce my liability for services rendered by Ameren Illinois.

I understand that applying for the program does not guarantee that I will receive any benefits and that the program will continue only as long as funds are available or will otherwise terminate according to their terms.

I represent that the account information set forth in this form is true and correct, to the best of my knowledge, and understand and agree that it may be used by Ameren Illinois for the purposes of administering the program. **I HAVE READ AND AGREE to the TERMS AND CONDITIONS noted above.**

Directions:

1. Complete this form entirely and make a copy for your records.
2. Send the completed and signed application to Ameren Illinois. You may email, fax or mail this information to us, as noted below:

   Email: **ILEnergyAssistanceTeam@Ameren.com** or Fax: **1.217.424.6496 (email or fax is recommended to prevent delay)**

   Mailing Address: Ameren Illinois
   Attn: Energy Assistance A-10
   Non-Residential Hardship Program
   PO Box 2543
   Decatur, IL 62525

***Applicant's Name** _____

*** Title/Position**_____

***Signature** _____ ***Date** _____ / _____ / _____

By signing this document, I do hereby attest that the information provided is true, accurate, and complete to the best of my knowledge. I understand that any falsification of material will cause the denial of my application for assistance through the Non-residential Hardship Program. I further understand that completion of this application does not guarantee a grant approval from the Non-residential Hardship Program.

Signature Required