



APPLICATION

Non-Residential Hardship Program

To qualify for assistance through the Non-Residential Hardship Program, you must be a **small business or 501(c) (3) non-profit organization experiencing hardship**, and an active Ameren Missouri **electric** commercial customer. You will be contacted by email approximately 10 business days from receipt of your application with the approval status. Only one grant per customer is allowed per calendar year. **We are now accepting applications on a first-come first-served basis 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 Address: _____

Would you like the email address(es) added to your account to receive additional information? ☐ 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 Missouri? ☐ Yes ☐ No

Mailing address, if different from above:

Street/PO Box: _____

City _____ State _____ Zip Code _____

*Please briefly explain your hardship:



APPLICATION

Completion of this section is required.

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

AMEREN MISSOURI IS NOT LIABLE TO AN AMEREN MISSOURI CUSTOMER OR ANY OTHER PERSON OR ENTITY FOR ANY SPECIAL, INDIRECT, PUNITIVE, EXEMPLARY OR CONSEQUENTIAL DAMAGES, (INCLUDING ATTORNEYS' FEES AND OTHER LITIGATION COSTS, OR CLAIMS FOR LOST PROFITS OR REVENUES) ARISING UNDER OR IN CONNECTION WITH OR RESULTING FROM ANY ACTION OR INACTION UNDER THE AMEREN MISSOURI NON-RESIDENTIAL HARDSHIP PROGRAM INCLUDING, WITHOUT LIMITATION, ANY SUCH DAMAGES WHICH ARE BASED UPON CAUSES OF ACTION FOR BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE AND MISREPRESENTATION), STRICT LIABILITY, STATUTE, OPERATION OF LAW, OR ANY OTHER THEORY OF RECOVERY.

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 Missouri, 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 Missouri.

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 Missouri 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 Missouri. You may email, fax, or mail this information to us, as noted below:

Email: **UECollections@Ameren.com** or Fax: **1.314.612.2843 (email or fax is recommended to prevent delay)**

Mailing Address: Ameren Missouri
Attn: Credit and Collections
Non-Residential Hardship Program
1901 Chouteau Avenue
Mail Code 310
St. Louis, MO 63103

*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.