



2019 NON-RESIDENTIAL HARDSHIP PROGRAM APPLICATION

Dear Customer,

Thank you for your interest in the Ameren Illinois Non-Residential Hardship Program. This program provides one-time assistance to **non-profit organizations** that have an active Ameren Illinois electric account and a hardship.

Applications are reviewed for program eligibility by the Ameren Illinois Credit & Collections Department. Qualifying customers will receive assistance in the form of a one-time grant applied to their organization's Ameren Illinois **electric** account. Please review the enclosed materials for complete eligibility requirements.

To apply, complete the enclosed application form and return both pages. **Applications must be postmarked by September 30, 2019 for consideration.** To avoid any delays in the review process, be sure to complete the application in its entirety, and sign the application on page 2.

You may mail, fax or email the completed application to Ameren Illinois, as shown below:

Mailing Address: **Ameren Illinois**
Attn: Energy Assistance A-10
PO Box 2543
Decatur IL 62525

Fax: **1.217.424.6496**

Email: **AmerenILCredit@ameren.com**

Ameren Illinois is focused on helping you and the people who mean the most to your organization. In addition to this grant, we offer many different savings options through our Energy Efficiency Programs in which you may also qualify. Visit us now at www.AmerenIllinoisSavings.com!

If you have any questions, please call us Monday through Friday between 8 a.m. to 5 p.m. Thank you again for your interest in this program.

Sincerely,

Ameren Illinois Customer Service
1.888.667.5659

Enclosures



APPLICATION

2019 Non-Residential Hardship Program

To qualify for assistance through the Non-Residential Hardship Program, your organization must be a 501(c) 3 non-profit with a hardship and have an active Ameren Illinois **electric** account. You will be contacted about the status of your application by mail within 45 days after the program end date. Only one grant per customer is allowed. Applications are accepted beginning September 1, 2019 through September 30, 2019.

**Please complete the required fields below:*

*Account Number _____ - _____ (one application per account)

* 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 this email address be added to your Ameren Illinois account and used to communicate regarding your bill? Yes No

*Would you like email confirmation that you application was received? Yes No

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

Mailing Address, if different from above:

Street/P.O.Box: _____

City _____ State _____ Zip Code _____

*Please briefly explain your hardship:

*Applicant's Name _____ Date ____ / ____ / ____

* Title/Position _____



APPLICATION

Completion of this section is required.

The Non-Residential Hardship Program is administered by the Ameren Illinois Credit & Collections Department. Applications are approved and denied based on program guidelines. Notification of application status is provided by Credit & Collections (by mail) within 45 days after the program ends.

Applications must be submitted by September 30, 2019 to be considered for assistance.

AMEREN ILLINOIS IS NOT LIABLE TO AN AMEREN ILLINOIS 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 ILLINOIS 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.

INFORMATION REQUEST AND CONSENT FORM – Ameren Illinois

Pursuant to laws and regulations regarding utility customers, Ameren Illinois and/or its agents, require the non-residential applicant to provide the following information and consent to enable the Ameren Illinois Credit & Collections Department to administer the Ameren Illinois Non-Residential Hardship Program on behalf of eligible Ameren Illinois customers. As the administrator of the program, the Ameren Illinois Credit & Collections Department may request that credits be provided directly to Ameren Illinois customers eligible for the program and any related assistance, in accordance with Ameren Illinois policies and practices. The following information and consent shall be provided by Ameren Illinois customers for the purpose of participating in the program.

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

CONSENT FOR ACCOUNT INFORMATION

I hereby authorize and give my consent to the Ameren Illinois Credit & Collections Department and its authorized agents, employees, and representatives to obtain and confirm information regarding my Ameren Illinois account for electric service at the address provided above. I also authorize the Ameren Illinois Credit & Collections Department to apply to Ameren Illinois for the program credit(s) on my behalf, either directly or via transmission of electronic data through a third party.

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 the Ameren Illinois Credit & Collections Department for the purposes of administering the program and any related administrative or operational function. **I HAVE READ AND AGREE to the TERMS AND CONDITIONS of the information request and consent form 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 mail, fax or email this information to us, as noted below:

Mailing Address:	Ameren Illinois	Fax:	1.217.424.6496
	Attn: Energy Assistance A-10		
	Non-Residential Hardship Program	Email:	AmerenILCredit@Ameren.com
	PO Box 2543		
	Decatur, IL 62525		

***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.