



May 18, 2020

**2020 NON-RESIDENTIAL HARDSHIP PROGRAM APPLICATION**

Dear Customer,

Ameren Illinois is focused on helping you and the people who mean the most to your company or organization. The 2020 Non-Residential Hardship Program provides a one-time assistance to **Small Business and Non-Profit 501(c)(3) organizations** that have an active Ameren Illinois electric account and a hardship. Small businesses and organizations that are struggling with effects of the COVID-19 pandemic are encouraged to apply for a grant.

Applications are reviewed for program eligibility and qualifying customers will receive assistance in the form of a one-time grant, **up to \$500**, applied to their Ameren Illinois electric account. Please review the enclosed materials for complete eligibility requirements.

Complete the enclosed application form and return both pages. **We are now accepting applications on a first come first served basis until June 30, 2020 or funding has been depleted.** To avoid any delays in the review process, be sure to complete the application in its entirety, and sign the application on page 2. **Incomplete applications will not be considered.** Application selection will be on a first come first served basis until funds are depleted and at the company's discretion.

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**

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](http://www.AmerenIllinoisSavings.com)!

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

Sincerely,

Ameren Illinois Business Center  
1.800.232.2477

Enclosures

OT 3026



# APPLICATION

## 2020 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 a hardship, and an active Ameren Illinois **electric** customer. You will be contacted about the status of your application by mail approximately 10 business days from receipt of application. Only one grant per customer is allowed. **We are now accepting applications on a first come first served basis until June 30, 2020 or 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 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 your application was received?  Yes  No

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

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

### Mailing Address, if different from above:

Street/P.O.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 Illinois. Applications are approved and denied based on program guidelines. Notification of application status is provided by Ameren Illinois (by mail) approximately 10 business days from receipt of application. We are now accepting applications until June 30, 2020 or once funding has been depleted.

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.

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 mail, fax or email this information to us, as noted below:

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