



September, 2021

## 2021 NON-RESIDENTIAL HARDSHIP PROGRAM APPLICATION

Dear Customer,

Ameren Illinois is committed to empowering the communities we serve through charitable donations and grants such as the Non-Residential Hardship Program grant.

The 2021 Non-Residential Hardship Program provides a one-time credit to **small business and non-profit 501(c)(3) organizations** that have an active Ameren Illinois electric account and are experiencing a hardship. Small businesses and organizations that continue to struggle from the effects of the COVID-19 pandemic are encouraged to apply for a grant.

Qualifying customers will receive this assistance in the form of a one-time credit, up to \$500, applied to their Ameren Illinois electric account. **We are now accepting applications on a first-come first-served basis until October 30, 2021 or funding has been depleted.**

To avoid any delays in the review process, complete and sign the enclosed application and return both pages. **Incomplete applications will not be considered.**

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

Email: [AmerenILCredit@ameren.com](mailto:AmerenILCredit@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  
PO Box 2543  
Decatur, IL 62525

In addition to this grant, we offer many energy savings opportunities through our Energy Efficiency Programs in which you might also qualify. Visit [AmerenIllinoisSavings.com](http://AmerenIllinoisSavings.com) for more information.

For questions, please call us Monday through Friday, between 8 a.m. and 5 p.m.

Sincerely,

Ameren Illinois Business Center  
1.800.232.2477

Enclosure



# APPLICATION

## 2021 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 by email or mail approximately 10 business days from receipt of your application with the approval status. Only one grant per customer is allowed. **We are now accepting applications on a first-come first-served basis until October 30, 2021 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(s) (to avoid delays, please provide an email): \_\_\_\_\_

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 less than 50 employees in Illinois?  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 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 October 30, 2021 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 email, fax or mail this information to us, as noted below:

Email: [AmerenILCredit@Ameren.com](mailto:AmerenILCredit@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.*