

Are you a military member on active duty or a disabled veteran?

Grants are available to help with your electric bill!

The Ameren Illinois Military Support Program:

Serving Those Who Serve Our Country

To help those who serve our country, the Ameren Illinois Military Support (AIMS) program provides energy grants of up to $100 to help pay electric bills for qualifying active members of the military and disabled veterans.

The AIMS program will also provide additional payment agreements when needed.

Am I eligible?

You are eligible to receive a grant of up to $100 and additional benefits if you meet the following requirements:

1. You are an active residential Ameren Illinois **electric** customer.
2. The Ameren Illinois account is listed in your name or both your name and your spouse's name.
3. The address listed on your Ameren Illinois account is your primary residence.
4. You are a member of the military on active duty or a disabled veteran with a hardship.

There is a limit of one grant per household per calendar year.

How do I apply for an AIMS grant?

Complete the application form on the back of this flyer and provide the required documentation. You may also download an application at **AmerenIllinois.com**.

How will I know if my application has been approved?

Ameren Illinois will contact you after your application has been reviewed. If your service is at risk of disconnection, we will contact you upon receipt of your application.

Can the grant be used as a down payment on a payment agreement?

Because we cannot guarantee an exact date the grant will be applied, the grant money may not be available as a down payment towards a payment agreement.

When does the program end?

Grants will be awarded on a first-come, first-served basis, while funds last.

Can funds be applied to a final account?

No, the grant can only be applied to an active account.

Want to learn more?

Visit **AmerenIllinois.com**

Call **1.800.755.5000**

FOCUSED ENERGY. For Life.

Ameren Illinois Military Support (AIMS) Program Application

To qualify for assistance through the AIMS program, you must be a military member on active duty or a disabled veteran with a demonstrated hardship and have an active Ameren Illinois electric account. You will be contacted after your application has been reviewed. Only one grant is allowed per household.

**** Please complete the required fields below:***

* Mark the appropriate box: ☐ **Active Duty** ☐ **Disabled veteran**

* Ameren Illinois Account Number: _____ _____ _____ _____ _____ — _____ _____ _____ _____ _____

* Applicant Name: _____

Name listed on the account, if different from above: _____

Address: _____ City: _____

* Phone Number: _____ _____ _____ — _____ _____ _____ — _____ _____ _____ _____

Email: _____

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

Mailing Address, if different from above:

Street/P.O.Box: _____

City: _____ State: _____ Zip Code: _____

* ***Please briefly explain your hardship:*** _____

_____

_____

Directions:

1. Complete this form entirely and make a copy for your records.
2. Active duty military members, please attach one of the following:
   - » a copy of your official proof of service letter **or**
   - » a copy of your current LES (Leave and Earnings Statement). You may mark out any financial information on the statement.
3. Disabled veterans, please attach a copy of your Department of Defense 214 (DD-214) form or discharge letter (must be honorably discharged) along with one of the following:
   - » a copy of your award letter if your disability is related to military service or
   - » a copy of your Social Security disability letter if your disability is not related to the military
4. Send the completed and signed application, along with the documentation noted above, to Ameren Illinois. You may mail, fax or email this information to us, as noted below:

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

   Fax: 1.217.424.6496
   Email: AmerenILCredit@Ameren.com

*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 AIMS program. I further understand that completion of this application does not guarantee a grant approval from the AIMS program and the program will continue as long as funds are available.