

## A. Eligibility

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**Case Id:** 33279  
**Name:** Test Murphy - 2022  
**Address:** \*No Address Assigned

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### A. Eligibility

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#### Program Description

The City of Peoria is accepting applications for the 2022 Utility Assistance Program. This program will provide funds to renters and homeowners at or below 80% AMI by household size for gas/electric (Ameren) bills. Funds will be provided for up to four consecutive months at \$150 per month (or the total amount of the bill owed if less than \$150) for a maximum assistance amount of \$600. The City will make payments directly to Ameren Illinois.

Applicants will be selected via a virtual lottery. All application materials must be completely submitted in order to enter the lottery. Please note that submitting an application does NOT guarantee assistance.

The utility bill must be in the name of someone who lives at the household. Proof of residency and income information is required as part of the application.

Applications will be available beginning on **Monday, September 19th at 9:00 AM** and ending on **Friday, October 7 at 2:00 PM Central Time**. A brief video training session will be available online on Monday, September 19th to guide applicants through the application process.

#### Lottery Details

Households will be selected via virtual lottery on **Tuesday, October 11th at 10:00 AM**. The lottery can be accessed via the following:

**Phone:** +1 (866) 899 4679 or +1 (571) 317-3116

**Access Code:** 860-478-629

**Internet:** <https://meet.goto.com/CityPZC/utility-assistance-lottery>

Applicants are not required to be present. A recording of the lottery, as well as a list of the lottery order and waitlist, will be posted at <http://appreciatepeoria.com/>.

#### Eligibility

**In order to be eligible for the City of Peoria's 2022 Utility Assistance Program, applicants must meet all of the following criteria:**

- I am a resident of the City of Peoria.
  
- My household income is at or below the 80% area median income level:

|                |          |          |          |          |          |          |          |          |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Household Size | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| Income         | \$47,800 | \$54,600 | \$61,450 | \$68,750 | \$73,750 | \$79,200 | \$84,650 | \$90,100 |

I understand that the following households are NOT eligible for the program:

- Households living in public housing
- Households who receive LIHEAP assistance or other ongoing utility assistance.



**YOUR HOUSEHOLD MUST MEET ALL OF THE ABOVE CRITERIA IN ORDER TO QUALIFY FOR THE PROGRAM.**

## B. Applicant Information

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### B. Applicant Information

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Please provide the following information.

**B.1. Applicant First Name:**

**B.2. Applicant Last Name**

**B.3. Home Address**

**B.4. Telephone Number**

**B.5. Alt. Telephone Number**

**B.6. E-Mail**

**B.7. Number of People in Household**

## C. Utility Information

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### C. Utility Information

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**C.1. Do you rent or own your home?**

**C.2. What is your Ameren Account Number? (For a sample bill of where to find your account number, please [click here.](#))**

**C.3. What is the customer name on your Ameren Account?**

**C.4. Have you applied for and/or received any assistance with utility payments in the past 12 months?**

## D. Household Members

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### D. Household Members

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Complete the following for each household member.

**Total Household Members:** 0

## E. Income Verification

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### Household Income Verification

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List annual income for all household members ages 18+.

- Include gross pay, SSDI, SSI, unemployment, child support, retirement, pension, investment income, alimony, etc.
- Attach the required documentation for all sources of income (see list below).
- All household members ages 18+ who do not earn any income must sign a "Verification of No Income" form.

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### Household Income Summary

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|                        |          |
|------------------------|----------|
| Income Limits Used     | 2022 HUD |
| # of Household Members | 0        |
| Approval Threshold     | 80.00 %  |
| AMI @ Threshold        |          |

|                                  |        |
|----------------------------------|--------|
| Total Household Income (Monthly) | \$0.00 |
| Total Household Income (Annual)  | \$0.00 |
| Asset Interest Income (Annual)   | \$0.00 |
| Total Combined Income (Annual)   | \$0.00 |
| Percent of AMI                   |        |

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### AMI Table

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AMI = Area Median Income

| Household Size | 1 people | 2 people | 3 people | 4 people | 5 people | 6 people | 7 people | 8 people |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| AMI 100%       | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   | \$0.00   |
| AMI 80%        | \$47,800 | \$54,600 | \$61,450 | \$68,750 | \$73,750 | \$79,200 | \$84,650 | \$90,100 |

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Staff Certification

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Applicant Signature

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Co-Applicant Signature

## I. Required Documents

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### I. Required Documents

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Please provide the following information.

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#### Documentation

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Valid Photo ID or valid Driver's License for all adult household members (18 years of age or older) **\*Required**

*\*\*No files uploaded*

Address verification for all children under the age of 18 such as report card or medical ID that includes the child's name and address

*\*\*No files uploaded*

Recent Ameren Bill **\*Required**

*\*\*No files uploaded*

Other

*\*\*No files uploaded*

## Submit

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## Submit

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Once an application is submitted, it can only be "Re-opened" by an Administrator.

- I certify that the application information provided is true and complete to the best of my/our knowledge.
- I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- I further grant permission and authorize any utility company to disclose information deemed necessary to complete this application.
- I authorize the City of Peoria to share my contact information with other assistance programs that may be able to help me.

**Authorized Signature**

*\*\*Not signed*