

## City of Peoria 2021 Utility Assistance Program Application

### Program Description

The City of Peoria is accepting applications for the 2021 Utility Assistance Program. This program will provide funds to renters and homeowners delinquent on electric/gas (Ameren) and/or water (Illinois American Water) bills due to COVID-19 impacts. Funds will be provided for up to six consecutive months (or \$5,000 maximum) of delinquent electric/gas (Ameren) and/or water (Illinois American Water) payments to approved applicants. The City will make payments directly to the utility companies.

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

Applications will be available beginning **DATE/TIME** and ending on **DATE/TIME**. A brief video training session will be available on **DATE** to guide applicants through the application process.

### Lottery Details

Households will be selected via virtual lottery on **DATE/TIME**. The lottery can be accessed via the following:

**Phone:**

**Internet:**

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 [www.peoriagov.org](http://www.peoriagov.org) and at [www.appreciatepeoria.com](http://www.appreciatepeoria.com).

## City of Peoria 2021 Utility Assistance Program Application

### Section A. Eligibility

In order to be eligible for the City of Peoria's 2021 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        |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Annual Income  | \$44,600 | \$51,000 | \$57,350 | \$63,700 | \$68,800 | \$73,900 | \$79,000 | \$84,100 |

- I have experienced one or more negative household impacts due to COVID-19 (check all that apply):
  - Rent/mortgage past due
  - Eviction/non-renewal notice
  - Water bills past due/disconnection notice
  - Gas/electric bills past due/disconnection notice
  - Lost job
  - Work hours reduced
  - Increased childcare needs
  - Health issues
  - Other (please explain):
- I understand that the following households are NOT eligible for the program:
  - Households receiving a housing voucher or living in public housing
  - Households who have already received assistance through the City of Peoria's COVID-19 Household Assistance Program

## City of Peoria 2021 Utility Assistance Program Application

### Section B. Applicant Information

1. First Name
2. Last Name
3. Address
4. Address Line 2
5. City
6. Zip Code
7. Phone Number
8. Secondary Phone Number
9. Email Address
10. Number of People in Household
11. Do you rent or own your home?
  - Rent
  - Own

## City of Peoria 2021 Utility Assistance Program Application

### Section C. Utility Information

1. I am requesting assistance with:

- Ameren (electric/gas bills)
- Illinois American Water (water bills)
- Both

2. If requesting assistance with Ameren (electric/gas bills), please provide the following information:

Ameren Account #:

Name on Account:

Billing dates for which you are requesting assistance (up to 6 total – must be same months as water bills)

\*Upload all bills for which you are requesting assistance

3. If requesting assistance with Illinois American Water (water bills), please provide the following information:

Illinois American Water Account #:

Name on Account:

Billing dates for which you are requesting assistance (up to 6 total – must be same months as Ameren bills)

\*Upload all bills for which you are requesting assistance

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

- Yes
- No

If yes, please provide the following information:

| Organization | Amount Requested | Date Requested | Status   | Amount Received | Date Received | Type of Assistance  |
|--------------|------------------|----------------|--|-----------------|---------------|---|
|              |                  |                | <input type="checkbox"/> Pending<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied |                 |               | <input type="checkbox"/> Ameren<br><input type="checkbox"/> IL Am Water |
|              |                  |                | <input type="checkbox"/> Pending<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied |                 |               | <input type="checkbox"/> Ameren<br><input type="checkbox"/> IL Am Water |
|              |                  |                | <input type="checkbox"/> Pending<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied |                 |               | <input type="checkbox"/> Ameren<br><input type="checkbox"/> IL Am Water |
|              |                  |                | <input type="checkbox"/> Pending<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied |                 |               | <input type="checkbox"/> Ameren<br><input type="checkbox"/> IL Am Water |

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**Section D. Household Information**

Complete the following for each household member.

|                           |   |                            |  |
|---------------------------|---|----------------------------|--|
| Name:                     |   | SSN:                       |  |
| Date of Birth:            |   | Gender:                    | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Disability?               | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Ethnicity:                 | <input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino<br><input type="checkbox"/> Prefer not to say   |
| Female Head of Household? | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Elderly (62+)?             | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Race:                     | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> White<br><input type="checkbox"/> Other<br><input type="checkbox"/> Prefer not to say | Relationship to Applicant: | <input type="checkbox"/> Self<br><input type="checkbox"/> Spouse/Partner<br><input type="checkbox"/> Parent<br><input type="checkbox"/> Child<br><input type="checkbox"/> Extended Family<br><input type="checkbox"/> Friend (not related)<br><input type="checkbox"/> Caretaker |

|                           |   |                            |  |
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### F. Additional Documents

Please provide the following documentation.

- Photo ID or Driver's License for all adult household members (ages 18+)
- Address verification for all children under 18 (i.e. report card or medical ID that includes the child's name and address)

## City of Peoria 2021 Utility Assistance Program Application

|                  |
|------------------|
| <b>G. Submit</b> |
|------------------|

- I certify that the application information provided is true and complete to the best of my 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.

Signature: