



## CENTRAL ELECTRIC COVID-19 HARDSHIP GRANT

NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

1. **DID YOU QUALIFY AND RECEIVE ENERGY ASSISTANCE DURING THE 2019-2020 HEATING SEASON?**

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED YES WHAT WAS THE NAME OF THE UTILITY THAT RECEIVED THE FUNDS.

\_\_\_\_\_

HOW MUCH ENERGY ASSISTANCE DID YOU RECEIVED?

INCLUDE REGULAR AND CRISIS FUNDS. \$ \_\_\_\_\_

2. **IF YOU DID NOT RECEIVE MONEY FROM ENERGY ASSISTANCE WHAT IS THE REASON WHY YOU DID NOT?**

I DID NOT APPLY \_\_\_\_\_

I MISSED THE DEADLINE \_\_\_\_\_

I MADE TOO MUCH MONEY \_\_\_\_\_

I DID NOT KNOW IT WAS AVAILABLE \_\_\_\_\_

OTHER \_\_\_\_\_

\_\_\_\_\_

3. **ARE YOU OR HAVE YOU OR ANY OTHER ADULT LIVING IN YOUR HOUSEHOLD BEEN OUT OF WORK FOR ANY REASON DUE TO COVID-19?**

NAME OF EMPLOYED PERSON \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYERS PHONE NUMBER \_\_\_\_\_

**4. WHAT IS THE BALANCE DUE ON YOUR CENTRAL ELECTRIC ACCOUNT?**

TOTAL AMOUNT OWED \$ \_\_\_\_\_

**5. PROVIDE THE DATE AND THE AMOUNT OF THE LAST PAYMENT YOU MADE ON YOUR CENTRAL ELECTRIC ACCOUNT.**

DATE \_\_\_\_\_

PAYMENT AMOUNT \$ \_\_\_\_\_

**6. IN THE PAST THREE YEARS HOW MANY TIMES HAVE YOU RECEIVED A DISCONNECTION NOTICE FROM CENTRAL ELECTRIC COOPERATIVE?**

NONE \_\_\_\_\_ 1 TO 5 \_\_\_\_\_ OVER 5 \_\_\_\_\_

**7. IF YOU HAVE RECEIVED A DISCONNECTION NOTICE IN THE PAST WAS YOUR ELECTRIC SERVICE TERMINATED AS A RESULT?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**8. HOW MANY YEARS HAVE YOU BEEN A MEMBER OF CENTRAL ELECTRIC COOPERATIVE?**

1 TO 5 \_\_\_\_\_ 6 TO 15 \_\_\_\_\_ OVER 15 \_\_\_\_\_

**PLEASE BRIEFLY EXPLAIN YOUR SITUATION AND WHY YOU NEED THE GRANT MONEY TO PROVIDE HELP WITH PAYING YOUR CENTRAL ELECTRIC BILLING ACCOUNT.**

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***I declare that all the information I have provided on this application is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information provided to Central Electric Cooperative, Inc. will result in denial of this hardship grant.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Central Electric Cooperative reserves the right to require additional documentation in order to qualify.***