



# City of East Moline Utility Assistance Program

## Guidelines & Application

### 2022

#### **Program Overview**

The Utility Assistance program provides assistance to City of East Moline residential utility customers who are in jeopardy of having their water turned off due to non-payment. This program will offer assistance to owner or rental occupied customers, and funding available on a first come first served basis until all funds are exhausted.

#### **Program Eligibility**

This is a grant program; all eligible and approved applicants will not be required to pay back any of the funds awarded. Applicants must meet HUD income limit guidelines in order to be eligible. No one applicant and/or utility address may receive more than \$1,000 and assistance cannot exceed more than 3 consecutive months.

#### **Required Documents**

- Completed & Signed Application & Self-Certification Form (attached)
  - Returned to the Finance Department at 915 16<sup>th</sup> Avenue **OR**
  - Via email [twright@eastmoline.com](mailto:twright@eastmoline.com)
- Copy of most recent tax return for anyone over the age of 18 who resides in the household **OR** State of Illinois Family Medical Card

#### **Approval Process**

- Approval process will not begin until all required documents are received by City staff
- Verification by Finance Department that customer is in jeopardy of being shut off for non-payment
- Customer's total household income is less than 80% of HUD Area Median Income
- Approval Letter or Denial Letter sent to applicant
- If approved, funds will be transferred by City Staff to delinquent utility account on applicant's behalf

#### **Current Income Limits**

	Persons in Family									
Low (80%) Income Limits	1	2	3	4	5	6	7	8	9	10
	\$47,800	\$54,600	\$61,450	\$68,250	\$73,750	\$79,200	\$84,650	\$90,100	\$95,550	\$101,050

## Application & Self-Certification

Applicant's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Household/Family Information

Please complete the following for ALL household members residing at the residence:

Full Name	Date of Birth	Relationship To Applicant

Estimated Gross Income from all persons 18 years of age or older:     \$ \_\_\_\_\_

The information provided in this application is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for the purpose of income verification related to my application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. I understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I also agree to provide any other documents necessary to verify my eligibility.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

#### Office Use Only

Application Received by: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

Utility Account Delinquent? \_\_\_ Yes \_\_\_ No     If Yes, total amount due: \_\_\_\_\_

Copy of Tax Return Received? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

Copy of State of Illinois Medical Card Received? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

Application: \_\_\_\_\_ Approved \_\_\_\_\_ Denied