



CENTRAL ELECTRIC COOPERATIVE
Public Service and Essential Business Employees COVID-19 Grant

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____ **PHONE** _____

EMAIL ADDRESS _____

OTHER _____

1. 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 _____

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

TOTAL AMOUNT OWED \$ _____



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

DATE _____

PAYMENT AMOUNT \$ _____

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

NONE _____ 1 TO 5 _____ OVER 5 _____

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

YES _____ NO _____

6. 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.



Central Electric Cooperative

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.