## **CENTRAL ELECTRIC COVID-19 HARDSHIP GRANT**

NAME	■	
ADDF	RESS	
ACCO		RPHONE
EMAI	L ADDRESS_	
1.	DID YOU QU HEATING SE	ALIFY AND RECEIVE ENERGY ASSISTANCE DURING THE 2019-2020
	YES	NO
	IF YOU ANS\ FUNDS.	VERED YES WHAT WAS THE NAME OF THE UTILITY THAT RECEIVED THE
	HOW MUCH	ENERGY ASSISTANCE DID YOU RECEIVED?
	INCLUDE RE	GULAR AND CRISIS FUNDS. \$
2.		NOT RECEIVE MONEY FROM ENERGY ASSISTANCE WHAT IS THE IY YOU DID NOT?
	I DID NOT AF	PPLY
	I MISSED TH	E DEADLINE
	I MADE TOO	MUCH MONEY
	I DID NOT KI	NOW 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 \$	
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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 BREIFLY 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 best of my knowledge. I understand that misrepresentations or incorrect information 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.