CENTRAL ELECTRIC COVID-19 HARDSHIP GRANT

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ACCO		R	PHONE	-	
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EMAI	L ADDRESS_				
1.	DID YOU QU HEATING SE	ALIFY AND RECEIVE ENERG	BY ASSISTANCE DURING 1	THE 2021-2022	
	YES	NO			
	FUNDS.	VERED YES WHAT WAS THE		HAT RECEIVED THE	
		ENERGY ASSISTANCE DID		-	
	INCLUDE RE	GULAR AND CRISIS FUNDS.	\$	_	
2.	IF YOU DID NOT RECEIVE MONEY FROM ENERGY ASSISTANCE WHAT IS THE REASON WHY 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.