

WARM NEIGHBORS COOL FRIENDS PROGRAM

Ameren Illinois Bill Payment Assistance Application



Application #: _____ Date: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Receive email updates about your Ameren account. Yes No

Describe personal or family situation that causes you to need assistance: _____

Check all that apply: Senior Disabled Crisis

AMEREN ILLINOIS ACCOUNT INFORMATION

Ameren Illinois Account Number: _____ - _____

Enter entire amount owed on Ameren Illinois bill: _____ *Amounts exceeding \$750 require WNCF Executive Director approval.*

HOUSEHOLD INFORMATION

Total Household Income: _____ *Annual* _____ *Monthly* Number of Residents in Household: _____

AUTHORIZATION

I authorize release and exchange of information to assist in determining my eligibility to receive WNCF assistance.

WNCF approval also includes a waiver of Ameren Illinois' deposits and late fees. Renewal is required for these terms each heating season.

Applicant Signature: _____ Date: _____

WNCF AGENCY USE ONLY

WNCF Agency: _____

Authorized agency signature: _____

Customer Payment: _____ WNCF Matching Pledge: _____ *Summer – Up to \$200*
Winter – Up to \$350

Payment Receipt Date: _____ Payment Receipt #: _____

Pledge Submission Date: _____