



City of Columbia



County of Boone

**DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
DIVISION OF HUMAN SERVICES**

## Utility Assistance Program

The Division of Human Services provides assistance for water and electric bills for eligible families with children under the age of 18, disabled adults, and seniors (age 60 and older) that reside in Boone County. To be eligible, the applicant’s household income must be at or below 150% of the federal poverty level and the utility account must be in the eligible applicant’s name.

Utility assistance is available to a household one time per calendar year; the maximum amount of assistance is \$275. Assistance is provided by a random selection of eligible applications on or around the first of the month.

### How to Apply

1. Fill out this application completely
2. Include the following supporting documents:
  - Copy of account holder’s photo ID
  - Copies of social security cards for all household members
  - Copy of account holder’s utility bill
  - Copy of income for previous month: paycheck stub, social security income, unemployment, child support, TANF, disability income, alimony, pension, etc.
3. Submit your completed application and supporting documents. You can mail, drop off, fax, or e-mail your application as follows:

Mail or Drop Off	Fax	Email
Columbia/Boone County Department of Public Health and Human Services 1005 W. Worley P.O. Box 6015 Columbia, MO 65205-6015	(573) 874-7758	<a href="mailto:utilityassistance@gocolumbiamo.com">utilityassistance@gocolumbiamo.com</a>

### Application Processing

Completed applications will be processed within 30 days. Based on the completeness of the application and the eligibility of the applicant, applications will either be denied or accepted:

#### Application Denied

If your application is denied, we will send you a letter with an explanation. Applications are usually denied for the following reasons:

- Applicant does not meet the program criteria
- Did not provide supporting documentation
- Applicant is not the utility account holder

1005 W. Worley ♦ P.O. Box 6015 ♦ Columbia, Missouri 65205-6015

Phone: (573) 874-7488 (voice) ♦ Fax: (573) 874-7758

E-Mail: [utilityassistance@GoColumbiaMo.com](mailto:utilityassistance@GoColumbiaMo.com) Web Page: [www.GoColumbiaMo.com](http://www.GoColumbiaMo.com) (Search: Social Services)

## **Application Accepted**

If your application is accepted, we will send you a letter to let you know. Applications will be eligible for random selection for a period of 12 months from the date the application is accepted.

**Please Note:** If there is a change in the account holder, utility provider, income, household members, address, phone number, etc., you will need to contact a Social Services Specialist at the Department of Public Health and Human Services. You may be required to provide supporting documentation of the changes.

## **Assistance**

If your application is selected at random, a social services specialist will contact your utility provider to verify your account is active. If so, a maximum of \$275 will be paid directly to the utility provider and applied to your account. You will be notified by mail that the assistance has been applied to your account.

## **Questions?**

If you have any questions or if you need any accommodations related to disability, please contact:

Department of Public Health and Human Services  
1005 W. Worley  
P.O. Box 6015  
Columbia, MO 65205-6015

Phone: (573) 817-6430

E-mail: [utilityassistance@gocolumbiamo.com](mailto:utilityassistance@gocolumbiamo.com)

Web: [www.gocolumbiamo.com](http://www.gocolumbiamo.com) (Search: Social Services)



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Utility Assistance Application

Form with fields: Applicant Name, Applicant Street Address, Applicant City, State and Zip code, Home Phone Number, Cell Phone Number, Other Phone Number, Utility Assistance (check provider), Account Holder Name, Utility Account Number.

HOUSEHOLD INFORMATION – Use bottom of form if necessary

Table with columns: Name, Birthdate, Relationship to Applicant, Race, Does this person have Health Insurance?, Does this person receive food stamps? (Yes/No).

Income Information

Form with fields: Do your children receive WIC?, Are you employed?, How much are you paid before taxes or deductions?, How often are you paid?, Is anyone else in your home employed?, How much are they paid before taxes or deductions?, How often are they paid?.

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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER/SERVICES PROVIDED ON A NONDISCRIMINATORY BASIS

**Income Information Continued**

Does anyone in your home receive other income (such as child support, TANF, alimony, unemployment compensations, sick benefits, interest income, Social Security benefits, or other unearned income)?

Yes

No

If yes, complete the following:

Person Receiving	Type of Income	Amount Received	How Often Received

**For Electronic Filing Only:**

By selecting "I Accept" below, I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete, to the best of my knowledge. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I Accept

*By checking "I Accept" and typing my name in the "Signature of Applicant" box on this form, I am electronically signing my application. When form is complete click the "submit" button at the top of the form.*

The information provided by me is true in all respects. I acknowledge that any false or misleading information provided herein will automatically render me ineligible for social services assistance.

Signature of Applicant

Date

Additional Applicant Comments:

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**For Office Use Only**

Comments: \_\_\_\_\_

ID

Soc Sec Cards

Bill

Income

Supporting Documentation seen by: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received	Outcome	Date Notified	Initials
	Accepted		
	Denied:		
	Pending:		