

## Utility Assistance Program

The Division of Human Services provides assistance for electric and water 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 (January –December). Assistance is provided by a lottery drawing of eligible applications on or around the first business day 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 Public Health and Human Services Social Services Unit 1005 W. Worley P.O. Box 6015 Columbia, MO 65205-6015	(573) 874-7758	<a href="mailto:socialservices@como.gov">socialservices@como.gov</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

#### Application Accepted

If your application is accepted, you will be eligible for the utility assistance lottery for the duration of the calendar year (until December 31st of the year 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 drawn from the lottery, a social services specialist will contact your utility provider to verify your account is active. If so, a pledge 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.

The amount of assistance is as follows:

- City of Columbia CASH/HELP= \$200.00
- Boone Electric CASH/HELP= \$200.00
- County Energy Assistance= \$200.00

Assistance amounts are subject to change without notice.

## **Questions?**

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

Department of Public Health and Human Services

Social Services Unit

1005 W. Worley

P.O. Box 6015

Columbia, MO 65205-6015

Phone: (573) 817-6430

Fax: (573) 874-7758

E-mail: [socialservices@como.gov](mailto:socialservices@como.gov)

Web: [www.CoMo.gov](http://www.CoMo.gov) (Search: Social Services)

# Utility Assistance Application

## Applicant Information

<b>Name</b>			
<b>Street Address</b>			
<b>City</b>	<b>State</b>		<b>Zip Code</b>
<b>Phone Number</b>			
<b>Birthdate</b>			
<b>Utility Provider</b>	City of Columbia <input type="checkbox"/> Boone Electric <input type="checkbox"/> Other <input type="checkbox"/> _____		
<b>Utility Account Number</b>			
<b>Race (please check one)</b>			
White <input type="checkbox"/>		Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	
Black or African American <input type="checkbox"/>		Other (Race not listed above) <input type="checkbox"/>	
Asian <input type="checkbox"/>		Two or more races <input type="checkbox"/>	
American Indian or Alaska Native <input type="checkbox"/>			
<b>Ethnicity (please check one)</b>			
Hispanic or Latino of any race <input type="checkbox"/>		Not Hispanic or Latino <input type="checkbox"/>	

## Household Information (please list all members of your household)

Name	Birthdate	Relationship to Applicant

## Income Information (for all household members)

Income Source	Amount Paid	How Often
Employment		
Child Support		
TANF		
Social Security		
Unemployment		
Disability		
Retirement/Pension		
Spousal Support		
Investment/Interest Income		
Other Income		

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

**For Internal Use Only**

<b>Date Received</b>	<b>Documentation</b>	<b>Reviewed</b>		<b>Outcome</b>	<b>Notified</b>	
		<b>Date</b>	<b>Initials</b>		<b>Date</b>	<b>Initials</b>
	ID <input type="checkbox"/> Social Security Cards <input type="checkbox"/> Income <input type="checkbox"/> Utility Bill <input type="checkbox"/>			Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/>		