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## Utility Assistance Program

The Utility Assistance Program provides financial assistance for certain types of utility services for eligible Boone County residents.

### Eligibility

Two types of applicants are eligible for utility assistance:

#### Seniors and Persons with Disabilities

The applicant, or their spouse, domestic partner, significant other, or a person in the home of which they have legal guardianship, is over sixty years old or permanently disabled. Disability status is indicated by an applicant's, or their spouse, significant other, domestic partner's, or a person of which they have legal guardianship, source of income, such as disability payments from an employer, Social Security, the Veterans Administration, and/or receipt of Medicaid based on disability.

#### Families with Children Age 18 and Younger

The applicant is the parent or guardian of a child who is: eighteen (18) years of age or younger, in the physical and legal custody of the individual, and in school (unless the child is unable to attend school because of age or disability).

### Other Eligibility Criteria

- The applicant must be a permanent resident of Boone County.
- The applicant's household income must be at or below 200% of the federal poverty level.
- The utility account must be in the applicant's name.

### Assistance

- Assistance is provided for electric and water utility services and, if necessary to maintain electric service, for trash and sewer services.
- The amount of annual assistance is as follows (*assistance amounts are subject to change without notice*):
  - City of Columbia = \$600.00
  - Boone Electric = \$600.00
  - Other Electric/Water Utilities (e.g. Ameren, Public Water Districts, etc.)= \$300.00
- Assistance is provided by a lottery drawing of eligible applications on or around the 2nd and 16th of each month.
- Assistance is available to a household one time per calendar year (January –December).

### 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

Applications will be processed within 15 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 twice monthly 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 Public Health and Human Services. You may be required to provide supporting documentation of the changes.

If your application is drawn in the lottery, we 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.

## Questions?

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

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>	<input type="checkbox"/> City of Columbia Utilities <input type="checkbox"/> Boone Electric <input type="checkbox"/> Other _____			
<b>Utility Account Number</b>				
<b>Race (please check one)</b>				
<input type="checkbox"/> White <span style="margin-left: 200px;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</span> <input type="checkbox"/> Black or African American <span style="margin-left: 100px;"><input type="checkbox"/> Other (Race not listed above)</span> <input type="checkbox"/> Asian <span style="margin-left: 200px;"><input type="checkbox"/> Two or more races</span> <input type="checkbox"/> American Indian or Alaska Native				
<b>Ethnicity (please check one)</b>				
<input type="checkbox"/> Hispanic or Latino of any race <span style="margin-left: 200px;"><input type="checkbox"/> Not Hispanic or Latino</span>				

## 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						
Date Received	Documentation	Reviewed		Outcome	Notified	
		Date	Initials		Date	Initials
	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"/>		
Federal Poverty Level						
100% <input type="checkbox"/>	150% <input type="checkbox"/>	185% <input type="checkbox"/>	200% <input type="checkbox"/>	Above 200% <input type="checkbox"/>		