

Utility Assistance Program

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

Please Note:	This is not an emergency assistance program. Assistance is provided through a monthly lottery.
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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 (or a Boone Electric customer that meets all other eligibility criteria)
 - Persons who are claimed as dependents in households outside of Boone County are not considered permanent residents of Boone County.
 - Persons staying in institutional and group settings (i.e. hospitals, jail, residential treatment programs, etc.) are not considered permanent residents unless they maintain a current Boone County residence separate from the institutional or group setting in which they are staying, or were a resident of Boone County immediately prior to entering the institutional or group setting.
 - Persons who are experiencing homelessness can provide a letter from a shelter or homeless other homeless services provider.
- 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 business day of each month.
- Assistance is available to a household once per year (October 1 – September 30).

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	socialservices@como.gov

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, it will be eligible for the monthly utility assistance lottery for the duration of the program service period in which your application was accepted. The service period is from October 1 – September 30. The application is eligible until it is selected or until the end of the service period, whichever comes first.

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

Web: www.CoMo.gov (Search: Social Services)

Utility Assistance Application

Applicant Information

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

Household Information (please list all members of your household)

Name	Birthdate	Relationship to Applicant

Income Information (for all household members)

Income Source	Amount	How Often
Employment		
Child Support		
TANF		
Social Security		
Unemployment		
Disability		
Retirement/Pension		
Spousal Support		
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 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"/>		