

Eligibility Requirements

In order to receive the one-time assistance you must meet the following requirements:

1. Be a residential Columbus Division of Power customer with an active account in their name (or spouse's name).

2. Have a City of Columbus electricity account that is past due and in jeopardy of being disconnected.

3. Household income must be less than 150% of the current U.S. Bureau of Census federal poverty level (see chart below). Proof of income, for all household members over 18, can be in the form of one (or more) of these documents:

- Income tax return or W-2 forms
- Benefit letter(s) from Social Security
- Pension award statement
- A letter of participation for one of the following services:
 - Food stamp benefits
 - Ohio Medicaid
 - Home Energy Assistance (HEAP)
 - Ohio Works First
 - Public housing benefits

Household Size	2018 Maximum Income
1	\$19,128.00
2	\$25,342.50
3	\$29,623.50
4	\$37,416.00
5	\$43,207.50
6	\$48,210.00
7	\$52,863.00
8	\$59,985.00
9 or more	\$71,083.50

*The federal poverty level may be adjusted annually.
Call 614-645-8276 for current requirements.*

General Information

- The Power Payment Relief Program will offer a **one-time credit of up to \$150** to be put towards an eligible City of Columbus electric bill.
- Funding is limited and provided on a first-come, first-served basis.
- The Power Payment Relief Program will run until funds are exhausted.
- This program can be used in conjunction with the senior discount program and an already established payment plan.
- Customers will receive a credit on their account, which will be noted in the city's utility billing system.
- Emergency funding cannot exceed the total current balance on customer account.

For questions, please contact Customer Service at 614-645-8276 or visit www.columbus.gov/utilities/.

2018



Low Income Power Payment Relief Program

Emergency funding is available to eligible City of Columbus residential power customers who are having difficulty paying their electric bills or are at the point of disconnection. This pilot program for 2018 was made possible by an EcoSmart grant in partnership with the Mid-Ohio Regional Planning Commission and the Local Government Energy Partnership. For details, please see inside.

To apply, please complete and return the enclosed application with the proper documentation. The application is also available at: www.columbus.gov/utilities/.

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
PUBLIC UTILITIES

2018 LOW INCOME POWER PAYMENT RELIEF APPLICATION

If you qualify for this program and are not receiving the low income water and sewer discount, please call Customer Service at 614-645-8276. If you are 60 or older, you may also qualify for a senior discount on power and water/sewer. For more information, please visit columbus.gov/utilities/.

Name:

_____	_____	_____
Last	First	Middle

_____	_____	_____
Number	Street / Road	Apartment #

_____	_____	_____
City	State	Zip Code

Phone:

Number of people in household: _____

Account number (from Columbus power bill): _____

To be eligible for the one time low income power payment relief program, applicants must have an active City of Columbus power account for their residence in their name (or spouse's name) and must meet at least one of the following requirements:

1. You must have a total income of less than 150% of the U.S. Bureau of Census poverty level (see income levels on opposite side). You must provide current proof of household income with the following for all household members over 18 (must be dated and include name):
 - Income Tax Return
 - W-2 Forms
 - Benefit Letter from Social Security
 - Pension Award Statement or
2. You must be currently enrolled in a qualifying low income program and provide current letter of participation from one of the following programs (must be dated and include name):
 - Food Stamp Benefits
 - Ohio Medicaid
 - Low Income Energy Assistant (LIHEAP)
 - Home Energy Assistance (HEAP)
 - Ohio Works First
 - Public Housing Benefits

Please send copies only of the above and this application to: (copies will not be returned)

**Columbus Department of Public Utilities
Customer Service Center
910 Dublin Road
Columbus OH 43215**

The information associated with this application has been examined by me, and is, to the best of my knowledge and belief, true, correct and complete.

Applicant's signature: _____

Date: _____

Prepared by signature (if different from applicant): _____