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 that began in 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/.

In order to receive the power bill 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

- The Power Payment Relief Program offers one credit of up to $150 annually to be put towards an eligible City of Columbus electric bill.
- Funding is limited and provided on a first-come, first-served basis while grant funding remains.
- 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, email UtilityLeadRep@columbus.gov or visit www.columbus.gov/utilities/.

---

<table>
<thead>
<tr>
<th>Household Size</th>
<th>2020 Maximum Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$19,950</td>
</tr>
<tr>
<td>2</td>
<td>$26,433</td>
</tr>
<tr>
<td>3</td>
<td>$30,897</td>
</tr>
<tr>
<td>4</td>
<td>$39,026</td>
</tr>
<tr>
<td>5</td>
<td>$45,066</td>
</tr>
<tr>
<td>6</td>
<td>$50,283</td>
</tr>
<tr>
<td>7</td>
<td>$55,136</td>
</tr>
<tr>
<td>8</td>
<td>$62,564</td>
</tr>
<tr>
<td>9 or more</td>
<td>$74,139</td>
</tr>
</tbody>
</table>

The federal poverty level may be adjusted annually. Call 614-645-8276 for current requirements.
2020 LOW INCOME POWER PAYMENT RELIEF APPLICATION

Name: __________________________
Last    First    Middle

Address: __________________________
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): __________________________