

Providing a Helping Hand to customers in need

The Helping Hand program is designed to provide immediate relief to residential customers in need who have received a disconnection notice or who have been disconnected. Qualifying customers could be eligible for a one time grant up to 50% of the disconnect notice or final bill amount, whichever is applicable. Applications will be accepted at LIHEAP agencies from April 18, 2011 through May 13, 2011 or until funds are exhausted.

Program Qualifications

Customers are qualified by meeting the following criteria:

- Must be at or below 200% of poverty level (see chart below)
- Must have a documented financial, medical, or other hardship.

The following documentation is required:

- Proof of gross income, at or below 200% of poverty, for all household members, during the 30-day period prior to the application date. (Examples include: Pay stubs, social security benefit letter, etc.);
- Copy of an active ComEd disconnect notice or final bill if already disconnected.
- Proof of Identification as the ComEd customer of record. (Examples include: Driver's License, Photo ID, etc.);
- Proof of hardship (Examples include: proof of Hospitalization, sudden loss of employment, senior requiring in home care etc.

Once required documentation has been approved by the agency the following actions will be taken:

- Customers must pay 50% of disconnect notice or final bill amount. The Agency will determine payment amount once the application is accepted.
- ComEd will set aside the remaining 50% balance of the disconnect notice or final bill amount for the duration of the program.
- Customers are then required to make three consecutive on time payments for the full amount of their monthly bill, not including the "set aside" past due amount.

Program Benefits

Customers who successfully complete the program will be awarded a Helping Hand grant for the remaining 50% of their disconnect notice or final bill amount that was previously set aside. Grants will be applied to the customers account during the fourth month after program enrollment.

Income Verification Chart

Family Size 30 Day Income Annual Income

1	\$1,805	\$21,660
2	\$2,428	\$29,140
3	\$3,052	\$36,620
4	\$3,675	\$44,100
5	\$4,298	\$51,580
6	\$4,922	\$59,060
7	\$5,545	\$66,540
8	\$6,168	\$74,020

For more information, visit your nearest LIHEAP Agency or please call ComEd CARE at 1-888-806-CARE (2273).

Funds are limited and restrictions apply.