

Customer Relief Fund



The **Customer Relief Fund** is a **one-time grant** of **\$500** for qualifying low-to-moderate income residential customers, and up to **\$1000** for qualified, nonprofit organizations. **Applicants must have a past due balance at the time of application.** Customers can apply online, [Chicago Midwest Salvation Army](#) or in person at local Salvation Army site locations.

GRANT APPLICATION

COMED ACCOUNT NUMBER		ORGANIZATION NAME (if applying as a non-profit organization)	
CUSTOMER NAME (provide first name and last name)			
(AREA CODE) TELEPHONE NUMBER		EMAIL	
SERVICE ADDRESS (must match billing address)	CITY	ZIP CODE	
Has your household received LIHEAP assistance in the past 18 months? (Residential customers only) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date approved _____			
Is your income at or below 300% of the federal poverty guideline? Click the link for the 2025 FPL guideline. https://www.federalregister.gov/documents/2025/01/17/2025-01377/annual-update-of-the-hhs-poverty-guidelines <input type="checkbox"/> Yes If yes, please provide proof of income documents. <input type="checkbox"/> No – Unfortunately, you do not meet the eligibility criteria for this program			
Is your organization a 501(c)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the DLN# _____ (Non-Residential customers only)			

PROGRAM QUALIFICATIONS

Must meet income qualification or be a nonprofit organization/ Must have an active ComEd account / Account must have a past-due balance / No outstanding tampering-related fees

Please provide your initials in acknowledgement for each statement below:

	All the answers and documentation that I provided on this form are true and correct to the best of my knowledge.
	I know that willingly giving false or fraudulent information or having unpaid tampering fees, to receive the grant can result in being deemed ineligible for the Relief Fund.
	I agree that all the information I provided on this form and any supporting documents that I provide, if any, may be collected, used, shared, and retained by the vendors for the purposes of implementing and applying the grant funds as provided through the Customer Relief Fund.

For Agency Use ONLY

SALVATION ARMY APPROVAL SIGNATURE	DATE
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Your request will be reviewed upon receipt, and an eligibility determination of your **completed application packet** (which should include attached income support documentation, if applicable), will be sent to the email address provided within 20 business days. An incomplete application packet could result in a delay in processing your application or a denial of your grant. You will be notified by phone if no email was provided. If approved for the grant, the customer relief credit will appear on your ComEd bill within two billing cycles from an application approval date.