

THE SALVATION ARMY & EVERGY ECONOMIC RELIEF PROGRAM APPLICATION 2024



Submit completed application and all required documents to: The Salvation Army, PO Box 412577, Kansas City, MO 64141

Applicant Name:	First	Evergy Account Mi	Number	
Address:	City:		State: MISSOURI Zip:	
hone Number: Email Address:		Birthday:	# of household members:	
ist all members in the household including yours				
Full Name	Gender / Race	Birth Date / Age	Relationship to Applicant	
			Applicant	
Customer Acknowledgement Statement: I certify the above information is true to the best of meet the qualifications of ERP. I understand that Excopy of ERP Terms and Conditions are not included https://centralusa.salvationarmy.org/mokan/utility-account information with any agent or governmentaleligibility. I understand that my information may be weatherization and any other energy assistance fund by Evergy and/or the Missouri Public Service Company Customer Signature.	vergy will notify me of act on this application and cassistance/. I agree to be all entity in order to proceed the shared with agencies for different paramission.	sceptance or denial into the EF can be found at https://www.eb bound by those terms and cor so my application and to determ are weatherization and energy a articipate in an interview regar	RP program. I understand that the full evergy.com/erpp or aditions. Evergy may share my mine my initial or continuing ssistance. I agree to apply for	
Customer Signature:		Date:		
Please continue to pay your Evergy bill du billing cycles to appear on the Evergy bill of the applicant to be disqualified from the pro	approved application gram.			
Agency Use Only				
□ Customer meets the income requirements for E □ Customer completed MAACLink release for □ Verified above customer account information □ Customer data entered for enrollment process □ Customer data entered into MAACLink.	m n via AgencyLink	of the current federal poverty	y level)	
Agency Representative Signature:		Date:		
Agency Location Code:	Date Faxed to Central Office:			



To Download an Evergy Economic Relief Program Application and view full Terms Conditions
Please Visit Our Website At:

https://centralusa.salvationarmy.org/mokan/utility-assistance

or

https://www.evergy.com/erpp

Or Call 816-756-5392 Option #1 To Have an Application Mailed to You

Evergy - Economic Relief Program Guidelines

- 1. Applicant must be a residential customer and have an active Evergy account in the state of Missouri.
- 2. The utility bill must be in the applicant's name or applicant must listed on account. No Landlords may apply.
- 3. The applicant's Evergy account must be in good standing with no past due balance or have payment arrangements in place with Evergy on any past due balance.
- 4. Qualifying applicant's gross household income may not exceed 200% of federal poverty guidelines. (see chart below)
- 5. If successfully enrolled applicant defaults and becomes past due on the monthly bill at any time during the 12-month enrollment period, they will be removed from this program and become ineligible to reapply for this program at any time in the future.
- 6. Assistance is subject to funding availability; completion of an application does not guarantee approval.,
- 7. These are the guidelines for this program, not the full Terms and Conditions, which can be found at www.evergy.com/erpp
- 8. Completed application and supporting documents can be submitted:

By Mail: The Salvation Army

P.O. Box 412577

Kansas City, MO 64141

By email: kwm.fuelfunds@usc.salvationarmy.org

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION MISSING DOCUMENTS WILL DELAY APPROVAL

CHECKLIST:

- ☐ I have answered all application questions, <u>signed</u>, <u>and dated</u> the Application/Release of Information Statement.
- ☐ I have included a photocopy of state or federal issued **Photo ID**.
- ☐ I have included a photocopy of my Missouri Evergy bill, and my account is currently in good standing.
- ☐ I have included income documentation showing **proof of income** for all household members.

EVERGY ECONOMIC RELIEF PROGRAM INCOME GUIDELINES 200% of Federal Poverty Guidelines – January 2024

SIZE OF FAMILY	ANNUAL INCOME	GROSS MONTHLY INCOME	NET MONTHLY INCOME
1	\$30,120	\$2,510	\$1,765.53
2	\$40,880	\$3,406	\$2,396.25
3	\$51,640	\$4,303	\$3,026.96
4	\$62,400	\$5,200	\$3,657.68
5	\$73,160	\$6,096	\$4,288.40
6	\$83,920	\$6,993	\$4,919.11
7	\$94,680	\$7,890	\$5,549.83
8	\$105,440	\$8,786	\$6,180.54
For each additional family member, please add	\$10,760	\$896	\$630.72

Please continue to pay your energy bill in full during the application process.