

CITY OF EAST MOLINE

UTILITY RELIEF PROGRAM APPLICATION

Program Overview: The City of East Moline is offering financial assistance to qualifying low-income residents to help offset utility rate increases. Eligible households can receive a monthly credit of up to \$30 applied directly to their utility account. **Funds are limited and will be distributed on a first-come, first-served basis until the annual program budget is exhausted.**

Eligibility Criteria:

1. Applicants must reside within East Moline and have an active utility account with the City of East Moline.
2. Applicants must have a balance due to the city based on new rates that went into effect starting with the 2/28/26 utility billing.
3. Household income must be at or below 150% of the Federal Poverty Level (FPL). See below for the 2026 Federal Poverty Level chart.
4. Proof of income, residency, and a utility bill must be provided.

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____ **Email Address (optional):** _____

UTILITY ACCOUNT INFORMATION

Utility Account Number: _____ **Name on Account:** _____
(if different from above)

REQUIRED DOCUMENTS to ATTACH

Please attach copies of the following documents to your application:

1. Proof of income (e.g., pay stubs, tax returns, benefit statements).
2. Proof of residency (e.g., a driver's license, lease agreement, or utility bill showing your address).
3. Most recent utility bill from the City of East Moline.

HOUSEHOLD INCOME INFORMATION

Total Number of People in Household: _____

Household Income: Include income from all members of the household. **Attach** supporting documents such as pay stubs, tax returns, or benefit statements.

Monthly Income: _____

Annual Income: _____

2026 FEDERAL POVERTY LIMITS		East Moline Utility Assistance Program
Persons in Family / Household	Household Income	Income Eligibility = at or Under 150% of FPL
1	\$15,960	\$23,940
2	\$21,640	\$32,460
3	\$27,320	\$40,980
4	\$33,000	\$49,500
5	\$38,680	\$58,020
6	\$44,360	\$66,540
7	\$50,040	\$75,060
8	\$55,720	\$83,580

Information on Household (Please list information for all who live at address)

NAME	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION AND SIGNATURE

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may disqualify me from receiving assistance. I also acknowledge that this program is limited by available funding and is distributed on a first-come, first-served basis.

Applicant Signature: _____ **Date:** _____

For questions or assistance with this application, please contact the City of East Moline Billing Office:

- **Phone:** 309-752-1530
- **Email:** utilitybilling@eastmoline.com

Applications may be submitted online, in person at the City of East Moline Utility Billing Office, or mailed to:

City of East Moline
Utility Relief Program
915 16th Avenue
East Moline, IL 61244

For Office Use Only

Date Received: _____

Application Status: _____ Approved _____ Denied

Reason for Denial (if applicable): _____

Amount of Credit Approved: _____

Processed By: _____

Date Processed: _____