

HEALTHIER HOMES INITIATIVE

Customer Application

In addition to completing the following application, the Ameren Illinois Energy Efficiency Program requires all applicants to submit proof of homeownership (if you own your home) as well as proof of income documents.

1 Requirements

- » Applicant must be a residential customer in Peoria, Tazewell, Vermilion, Macon or Champaign Counties heating their home with gas or electricity delivered by Ameren Illinois.
- » Applicant must reside in a single-family home. (A single-family home is a free-standing residential building designed to be used as a single-dwelling house or duplex).
- » Applicant's Maximum Gross Annual Household Income is below applicable amount.

2 Proof of Homeownership (if you own your home)

- » Real Estate Tax Bill
- » Warranty Deed
- » Approved Homestead Exemption Form

3 Proof of Income

- » Federal IRS 1040 Form, pages 1 and 2.
- » Federal 1040-SR Form, pages 1, 2 and 3.
- » If your current income is significantly different than the income reported on your most recent tax return, please contact us for monthly income application guidelines and document requirements.
- » Healthier Homes Initiative applicants that are currently receiving financial assistance through Ameren Illinois or government programs may already meet income requirements. Proof of participation in eligible programs will be required. If the household has zero income, please contact us at 1.866.838.6918 for additional information.

Note: All information recorded is for informational purposes and has no impact on Assessment selection. A customer will qualify based upon Ameren Illinois account, home type and income qualification only. By completing this application, you are applying to participate in the Healthier Homes Initiative through the Ameren Illinois Energy Efficiency Program. All Program paperwork must be submitted by December 31, 2025. For assistance completing this application, call 1.866.838.6918.

SECTION 1: PROGRAM ELIGIBILITY

- ☐ Applicant must be an Ameren Illinois residential customer in Peoria, Tazewell, Vermilion, Macon or Champaign Counties heating their home with gas or electricity delivered by Ameren Illinois.
- ☐ Applicant must reside in a single-family home (A single-family home is a free-standing residential building designed to be used as a single-dwelling house or duplex).
- ☐ Applicant's maximum gross annual household income is below applicable amount listed below.

TO FIND OUT HOW YOU QUALIFY, VISIT: AmerenIllinoisSavings.com/Healthier
OR CALL 1.866.838.6918



REQUIRED DOCUMENTS TO RETURN WITH YOUR APPLICATION

APPLICANTS SHOULD BLACK OUT ALL SOCIAL SECURITY NUMBERS LISTED ON THE DOCUMENTATION.

Most Recent Federal Tax Return (For Each Household Member): Please provide pages 1 and 2 of your Federal 1040 OR pages 1, 2 and 3 of your Federal 1040-SR. Each member of the household that filed a federal tax return must provide these documents.

NOTE: If current income is significantly different than income reported on the most recent tax return, please contact us for monthly income application guidelines and document requirements.

Proof of Homeownership (if you own your home): Acceptable documents include: real estate tax bill, warranty deed or approved homestead exemption form.

SECTION 2: APPLICANT INFORMATION

Name:		Home Phone:		Cell Phone:	
Address:		City:	County:	State:	ZIP code:
Email:	Birth Date:		Do you own your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Home Information <input type="checkbox"/> Renter
Referring Program Ally:			Agency / MDI Partner:		
What type of foundation do you have in your home? <input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab <input type="checkbox"/> Both Basement and Crawlspace		Primary Heat Source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____			

Ameren Illinois Account #:

☐ Gas ☐ Electric ☐ Both

(Max. 5 digits per box. Ex.: 12345 - 67890)

Please let us know the organization that referred you to Healthier Homes.

☐ Health Organization - if so, please let us know the name of the organization: _____

☐ Community Outreach Event

☐ Other/Referral - please explain:

Are any of the below a current concern within your home?

- ☐ Excessive dust that collects quickly
- ☐ Extremely dry air in the winter
- ☐ Water/moisture issues (i.e. you've observed puddles of water in your basement/crawl space)
- ☐ Damp, humid or stale air
- ☐ Musty or unpleasant odors that don't go away
- ☐ Uneven heating and cooling (i.e. cold rooms/spots in the winter or hot rooms/spots in the summer)
- ☐ Using too much energy to heat and cool (i.e. furnace or air conditioner are running most of the time)

SECTION 3: LIST OF ALL HOUSEHOLD MEMBERS LIVING IN THE HOME FULL TIME

FIRST NAME AND MIDDLE INITIAL	LAST NAME	CHECK ALL THAT APPLY	TAX RETURN PROVIDED	ANNUAL INCOME
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Veteran <input type="checkbox"/> Senior Citizen (60+)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL ANNUAL INCOME				\$

☐ By checking this box and signing below, I confirm that all information listed above is true and accurate. Completing this application does not guarantee my household will receive incentives. Ameren Illinois may change the Program requirements, incentives or terms and conditions at any time. The Program can send your contact information to Program Allies related to your project.

Applicant Signature: _____ Date: _____

Special Note: Form must be submitted completely and accurately and must be approved prior to work beginning. If approval is not received prior to work beginning, the incentive will not be paid. The form should be emailed to: IllinoisResidentialEE@ameren.com. The subject line and file name must read: Program Ally Name_Homeowner Last Name_Homeowner First Name_Program Name (Ex: Insulators Inc_Jones_Mary). The reservation number will be emailed to you at the address listed above. The reservation number is not transferable and must be provided on all incentive forms. If the customer decides not to participate in the Program, please email us immediately.

AMEREN ILLINOIS ENERGY EFFICIENCY PROGRAM TERMS AND CONDITIONS

1. Definitions – In addition to terms defined elsewhere herein, when any one of the following terms is used in these Terms and Conditions, wherein the first letter is written with a capital letter, then that term shall have the following definition. Words importing persons include corporation, and words importing only the singular include the plural and vice versa when the context requires. **a) “Ameren Illinois”** shall mean Ameren Illinois Company d/b/a Ameren Illinois. **b) “Program Ally”** shall mean contractors/allies who have met the minimum qualifications established by Ameren Illinois and are allowed to offer program incentives. **c) “Application”** shall mean the Customer or Program Ally completed document used to apply for cash incentives or used for any other appropriate application-specific documentation. **d) “Customer”** shall mean an Eligible Customer who has submitted an Application for incentive money using their Ameren Illinois account number. The Customer abides by these Terms and Conditions upon acceptance of Customer’s Application by Ameren Illinois. **e) “Eligible Customer”** shall mean a residential customer of Ameren Illinois, with an active Ameren Illinois-delivered electric or gas account residing in an existing home or new construction. Individually metered residential multifamily units must have prior program approval to participate. Installations are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the Customer’s address listed on the Application. The Application must be filled out completely and accurately, signed and accompanied by dated copies of the invoices. See the project/measure eligibility for requirements specific to individual incentives..

f) “Program” shall mean the energy efficiency plan or measure that is the subject of the Application. **g) “Program Manager”** shall mean the Ameren Illinois designee in charge of the Application. **h) “Reservation of Funds”**, when required, shall mean written notification to Program Ally of a pre-approved incentive amount, which Ameren Illinois issues after review Program Ally’s request for funds.

2. General – Customer and Program Ally shall abide by these Terms and Conditions; abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements; and perform work in accordance with customary installation standards, and/or according to manufacturer specifications.

3. Procedures & Reporting – Program Ally shall follow Program procedures of; **a)** verifying eligibility of Customer and work to be performed; **b)** reserving funds from Program in advance of the project commencing; and, **c)** submitting a reservation form and/or Application supplied by the Program for work performed with all required documentation. Program Ally agrees to provide all documentation associated with specified projects for quality assurance. Program Ally must provide necessary supporting documentation of services rendered including invoices and site assessment reports as requested.

4. Independent Contractor – Listing in the Program Ally database does not constitute any endorsement of the Program Ally by Ameren Illinois. Program Ally is an independent contractor participating in the Program and not an employee of, or under contract to, Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally is not authorized to assume or create any obligation or liabilities, express or implied, on behalf of or in the name of Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally shall properly represent this to the Customers.

5. Warranty of Work – Program Ally shall provide the Customer a written warranty covering both labor and materials for a minimum of one year from the date the service is performed. All materials installed shall carry the manufacturer’s warranty, which will be provided to the Customer. Offers of, and documentation referring to, any applicable extended warranty coverage shall be supplied to the Customer.

6. Quality Assurance – Program Ally will maintain effective procedures for quality assurance as for resolution of Customer complaints or disputes and for response to Customer emergencies. Program Ally agrees to make its quality assurance procedures available to the Program for review and upon request. Only trained and skilled personnel of Program Ally shall supervise any project performed under the Program. All work is subject to quality assurance and verification inspections by Program before incentive payments are paid. Ameren Illinois is the sole authority in determining that the work is complete and eligible for payment. If the applicable Program Manager determines Program Ally’s work is not up to Program standards, upon request from the Program Representative, Program Ally shall make reasonable repairs or corrections to bring such work up to Program standards at no additional cost to the Customer. Program Manager shall have sole authority in determining the necessary remedies to correct faulty work.

7. Pre and Post Installation Verification – Ameren Illinois is not obligated to make any incentive payment until it has performed a satisfactory post-installation verification. This provision may be waived at the sole discretion of Ameren Illinois. Inspections conducted are solely for the purpose of determining Program compliance and are not safety or building code inspections.

8. Incentive Payments/Limits – For all Applications, Ameren Illinois is not obligated to award any incentive payment unless a reservation form and/or Application is submitted and granted. Customer and Program Ally are responsible for ensuring the Application is accurate and equipment meets eligibility requirements in order to receive the Pre-approval incentive payment. Incentive payments will be issued to Program Ally. The Program Ally shall inform Customer of Program financial incentives, and shall include a discount to the Customer in the amount of the incentive, labeled on Customer’s invoice as “Ameren Illinois Energy Efficiency Program Incentive.”

9. Indemnification – Program Ally and/or Customer hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois, Program staff and authorized Ameren Representatives and any third party vendors from any and all claims, losses, harms, costs, liabilities, damages, and expenses (including attorney’s fees) of any nature whatsoever arising directly or indirectly out of or in connection within any dispute or legal suit arising from work related to the Program.

10. Changes In/Cancellation of the Program – **a)** Ameren Illinois may change the program requirements, incentives, or these Terms & Conditions at any time without notice, including suspending acceptance of Applications, denial of Applications already received, or terminating the Program. **b)** In the event of a program change, Applications that have been granted Pre-approval will be processed to completion under the Terms & Conditions in effect at the time of Pre-approval by Ameren Illinois. **c)** Cash incentives under the Ameren Illinois Program are offered on a first-come, first-served basis and are subject to project and Customer eligibility, and the availability of funds.

11. Miscellaneous – Ameren Illinois reserves the right to make changes to; its Program, program incentives, rules, guidelines, and these Terms and Conditions upon written notice to the Program Ally. These Terms and Conditions shall be governed by Illinois law.