



## Delmarva Power

# Customer Relief Fund Q&A: Maryland

### What is the Delmarva Power Customer Relief Fund?

The Delmarva Power Customer Relief Fund is a one-time fund to provide support to customers who may be facing challenges with high energy costs. The Delmarva Power Customer Relief Fund is made possible by a one-time charitable donation to the Hartford Community Action Agency, the Salvation Army, SHORE UP!, and the United Way of Delaware by Exelon, Delmarva Power's parent company. The fund is available to eligible limited- and moderate-income Delmarva Power customers. Delmarva Power is joining with the nonprofits listed above to administer the fund.

### Who is eligible for the fund and how do customers apply?

Beginning July 18, the Delmarva Power Customer Relief Fund will be available to Maryland customers who meet the following criteria:

- Active residential customer
- 60+ days past due
- Carry a balance of at least \$250
- Household that is either limited- or moderate-income

#### **Limited Income Guidelines - Monthly (200% of Federal Poverty Level)**

- 1 person - \$2,608
- 2 people - \$3,525
- 3 people - \$4,441
- 4 people - \$5,358
- 5 people - \$6,275
- 6 people - \$7,191
- 7 people - \$8,108
- 8 people - \$9,025

#### **Moderate Income Guidelines - Monthly (400% of Federal Poverty Level)**

- 1 person - \$5,216
- 2 people - \$7,050
- 3 people - \$8,883
- 4 people - \$10,716
- 5 people - \$12,550
- 6 people - \$14,383
- 7 people - \$16,216
- 8 people - \$18,050

Information on how to apply is available at [delmarva.com/ReliefMD](http://delmarva.com/ReliefMD).

### Is there a deadline to apply?

The program opens July 18 and will be available until program funds run out.

### How will customers receive relief?

Approved grants will be credited to the customer's Delmarva Power account.



## Delmarva Power Customer Assistance Fund Application 2025

### Applicant Information:

Name: \_\_\_\_\_ Social Security Last Four Digits: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Household Information:

Total Number of People in Household: \_\_\_\_\_  
 Of these, how many are:      Age 18 or younger? \_\_\_\_\_  
    Age 19-60? \_\_\_\_\_  
    Over age 60? \_\_\_\_\_

List the ages of any children in the household: \_\_\_\_\_

Is anyone in the household a US military veteran?      Yes      No  
 Is the head of the household currently employed?      Yes      No      *(If yes, provide documentation)*  
 How many household members over the age of 18 are employed? \_\_\_\_\_ *(provide documentation for each)*  
 Total household income: \$ \_\_\_\_\_      Biweekly      Monthly      Yearly  
 Does the house utilize electric for home heating?      Yes      No

### Utility Information:

Name of utility company for which you are seeking assistance: \_\_\_\_\_  
 Account Number: \_\_\_\_\_      Total Amount Due: \$ \_\_\_\_\_  
 Did customer receive LIHEAP during the last program year?      Yes      No

*All information provided in this application is true to the best of my knowledge. I understand that false statements could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. Also, by signing below, I am authorizing Delmarva Power. to gather any necessary information from additional agencies, vendors, or individuals involved in my case in order to qualify me for these funds. This consent will expire one year from the date below unless I indicate the withdrawal of my consent in writing to Delmarva Power.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Delmarva Power Customer Assistance Fund Application 2025

**TO BE COMPLETED BY STAFF:**

Task	Yes	No
Staff verified that applicant meets income guidelines, reviewing income documentation for all household members living in home.		
Staff verified that applicant has applied or will apply for other energy assistance resources including federal or state assistance (if eligible).		
Staff made referral(s) to other providers. <i>(If yes, list agencies below)</i>		

Applicant's Bill:

Amount to be paid by Customer Relief Funds (not to exceed \$300): \$ \_\_\_\_\_

Utility/Vendor: \_\_\_\_\_ Account Number: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Salvation Army Client Management System Software Release Form  
Client Privacy Notice & Consent (Southern Territory)



**NOTICE:**

In order to provide and/or coordinate services for you and your family, we collect personal information directly from you. We may be required to collect some personal information by law or by organizations that provide funds for this program. Other personal information we collect is important to manage our programs, to improve services, and to better understand the needs of those we serve. We only collect information we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Confidentiality and Protection of Personal Privacy policy (Minute 058B) is available to you upon request.

Information collected from you will be entered and stored in a closed and secure electronic client management system. Only Salvation Army personnel with access to the system and staff at the company that maintains the system can access your data. Other agencies do not have access to the system and your information is only shared with them with your permission.

**YOUR RIGHTS:**

You have the right to a copy of the information about you in The Salvation Army Client Management System as outlined in the Confidentiality and Protection of Personal Privacy policy. You have the right to correct any mistakes in our information about you.

If you have a complaint about the performance of any Salvation Army staff member, intern or volunteer, or feel treated unfairly in any way, grievances may be formally filed by making an appointment to speak with or by submitting a written complaint to The Salvation Army Director at the location you are being served.

If you ever want to withdraw consent, please do so in writing and submit to your Salvation Army case manager or Director at the location you are being served.

**SIGNED CONSENT**

Each adult, emancipated minor or unaccompanied youth must sign for themselves. A parent/guardian should sign for children under the age of 18.

My signature shows I permit you to enter my personal information into The Salvation Army Client Management System:

_____	____/____/____	<b>Note: Release expires 1 year after being signed</b>	
Print Name- Client	Date of Birth	_____	____/____/____
_____	____/____/____	_____	____/____/____
Signature of Client or Guardian	Date Signed	Signature of Witness	Date Signed

If Applicable, Dependent Children under 18:

_____	____/____/____	_____	____/____/____
Print Name	Date of Birth	Print Name	Date of Birth
_____	____/____/____	_____	____/____/____
Print Name	Date of Birth	Print Name	Date of Birth

If Applicable, Other Adults in the Home over the age of 18:

_____	____/____/____	_____
Print Name	Date of Birth	Signature
_____	____/____/____	_____
Print Name	Date of Birth	Signature