

ID#:

Energy CENTS Coalition  
Energy Savings Program Application  
Qualify for the **Energy Savings Program**



and save  by lowering your energy use.

**PLEASE PRINT**

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Homeownership: YES, I own my home \_\_\_\_\_ NO, I am a tenant \_\_\_\_\_
2. Housing Type: Single family \_\_\_\_ Duplex \_\_\_\_ Triplex \_\_\_\_ Fourplex \_\_\_\_ Apartment \_\_\_\_ Mobile Home \_\_\_\_
3. How many people live in your home? \_\_\_\_\_
4. What is your household's gross annual (yearly) income? \_\_\_\_\_
5. Have you had any insulation added to your home in the past ten years? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Have you had a home audit or weatherization done by Community Action? \_\_\_\_\_ YES \_\_\_\_\_ NO
7. What is the approximate age of your FURNACE/BOILER \_\_\_\_\_ WATER HEATER \_\_\_\_\_
8. What is the age of your: REFRIGERATOR \_\_\_\_\_ WINDOW A/C \_\_\_\_\_ FREEZER \_\_\_\_\_
8. Xcel account number: \_\_\_\_\_

**Income Verification**

Have you received a grant from Energy Assistance since October 1, 2009? \_\_\_\_ YES \_\_\_\_ NO

**\*If yes, no proof of income is required\***

By signing this document, I am signing up for the Energy Savings Program. I also agree to allow the Energy CENTS Coalition to obtain information from Xcel and from other heating utility accounts and share that information with other organizations that provide energy conservation and other relevant services. I verify that all information on this application is, to the best of my knowledge, correct.

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

823 East Seventh Street, St. Paul, MN 55106

Phone: 651-774-9010

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Phone Referral