



# PowerOn and Gas Affordability Program Application

**OFFERED BY XCEL ENERGY AND ADMINISTERED BY THE ENERGY CENTS COALITION.**

You must sign and complete this form in full to apply for this program.

## Section I. Requestor Information

Please check appropriate box for service provided by Xcel Energy:  Electricity  Natural Gas  Both

Name on account \_\_\_\_\_

Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_ Other phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ Apartment/Unit Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Xcel Energy account number

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Your account number can be found in the lower left corner of your bill. We cannot process your application without your account number. If you do not know your account number, call us at **1-800-895-4999**.

## Section II. Income Information

Please include income from ALL sources (except food stamps) and for ALL household members.

What is your current household income? \$ \_\_\_\_\_ per year

What was your total income for the last three months? \$ \_\_\_\_\_ last 3 months

How many people live in your household? \_\_\_\_\_ people

Do you own or rent your home? (Check one)  Own  Rent

Check the box that best describes your home:

- House  Townhouse  Duplex  Triplex  Fourplex  Apartment  Condominium  Mobile home
- Other \_\_\_\_\_

## Section III. Signatures

All adults living in your household must sign below. Please see the back of this application for important program information.

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

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

*By signing this document, I am giving Energy CENTS Coalition and Xcel Energy permission to obtain information about me and I am agreeing to the following:*

- I agree that I have received/qualified or will apply for Energy Assistance for the current Low Income Home Energy Assistance Program (LIHEAP) federal fiscal year, this heating season.
- I agree to allow Xcel Energy to use payment information in the evaluation of the program.
- I agree to allow the Energy CENTS Coalition to obtain account information, including LIHEAP status, from Xcel Energy necessary to process this application.
- I understand I must make my monthly bill payment in order to stay in the program, to receive credit toward past due amounts and to prevent service disconnection.
- I understand that enrollment for the program is based on a first-come, first served basis.
- I agree to notify Xcel Energy if there are changes in my income, household size or if I move.
- I understand that enrollment in this program will automatically cancel my Averaged Monthly Payment enrollment or any other previously agreed upon payment plan.
- I agree to allow the Energy CENTS Coalition to share any of the above information with other organizations that provide energy assistance, conservation and other services.
- I agree to let heating and electricity companies to give data about my account and energy use to the Energy CENTS Coalition for the POWERON program and any Energy CENTS Coalition conservation programs.

## Questions?

Call the **Energy CENTS Coalition** at **1-888-774-9070**.

Mail to:

**Energy CENTS Coalition**  
**823 E. 7th Street,**  
**Saint Paul, MN 55106**

