

ID#:



**Energy CENTS Coalition
Electric Appliance Replacement Program**

PLEASE PRINT

Name: _____ Phone : _____

Address: _____ City: _____ Zip: _____

Income Verification

Have you received a grant from Energy Assistance since October 1, 2009? ___ YES ___ NO
If yes, no proof of income is required

If you have *not* received Energy Assistance, please provide proof of income. You can either provide a copy of your latest federal tax return (no schedules required) or one-month's proof of income from all sources – wages (check stubs, letter from your employer), social security (copies of deposit slips or automatic deposits), public assistance, etc.

What is the household's annual (yearly) income (all people / all income sources)? _____

How many people live in your home? _____

Do you own the appliance you wish to replace: YES, I own _____ NO, I do not own _____

What is the approximate age of the appliance(s) you wish to replace:

Refrigerator: _____ Freezer _____ Window Air Conditioner _____

You **MUST** include your **Xcel account number**: _____
If you cannot locate it please call Xcel at 1-800-895-4999.

By signing this document, I am signing up for the Energy Conservation 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.

Signature _____ Date _____