

POWER On Program



YOU MUST COMPLETE AND SIGN THE FORM TO APPLY FOR THIS PROGRAM

PLEASE PRINT:

Name _____

Address _____ Phone Number (____) _____ - _____

City _____ Zip Code _____

PLEASE ANSWER THESE QUESTIONS:

Include income from ALL sources [except food stamps] and for ALL household members- no proof needed

What is your **current** household yearly income? \$ _____ per year

What was your total income for the **past three months**? \$ _____

How many people live in your household?

Do you own or rent your home?

Circle one: OWN RENT

Check the box that best describes your home:

House Townhouse Duplex Triplex Fourplex Apartment Mobile Home Other

You **MUST** include your **Xcel account number**: _____

If you cannot locate it please call Xcel at 1-800-895-4999. We cannot process your application without your account number.

Signature _____ Date _____

Signature _____ Date _____

ANY ADDITIONAL ADULT MEMBERS MUST SIGN ON NEXT PAGE (over please)

ANY ADDITIONAL ADULT HOUSEHOLD MEMBERS MUST SIGN HERE

Signature _____

Date _____

Signature _____

Date _____

I am signing up for the *POWER ON* Program. I understand that by signing this form, I am giving my permission to the Energy CENTS Coalition to obtain data about myself.

The type of data that the Energy CENTS Coalition may obtain includes:

- Income information, including public assistance income information
- All account, household and income information provided on my Energy Assistance application to a local Energy Assistance Agency and to the State of Minnesota Department of Commerce
- I understand that the *POWER On* program is based on my income and my energy costs and that the Energy CENTS Coalition needs this information in order to provide a monthly benefit from the *POWER On* program and any other energy-related services

I further give my consent to:

- Allow the Energy CENTS Coalition to share any of the above information with other organizations that provide energy assistance, conservation and other services.
- Allow heating and electric companies to give data about my account and energy use to the Energy CENTS Coalition for the *POWER On* program and any Energy CENTS Coalition conservation programs

I also understand that:

- I must apply for Energy Assistance
- I understand this is a co-payment program and I must make my monthly bill payment in order to stay in the program and to prevent a service disconnection.
- I understand that enrollment for the program is based on a first-come/first-serve basis.

QUESTIONS? CALL THE ENERGY CENTS COALITION AT (651) 774-9010 OR TOLL FREE 1-888-774-9070

**MAIL THIS APPLICATION IN THE ENVELOPE PROVIDED OR MAIL TO:
ENERGY CENTS COALITION 823 E. 7th STREET, SAINT PAUL, MN 55106**