



Home Energy Savings Program Application

Energy CENTS Coalition

823 East Seventh Street, St Paul, MN 55106

Office: 651-774-90101 | Fax: 651-774-0445 | www.energycents.org

Applicant Information *Please print clearly. All information is required unless stated otherwise* ID#: _____

Name on your Xcel account: _____ Phone: _____

Due to data privacy laws, who's allowed to speak on your behalf? _____

Address: _____ City: _____ Zip: _____

Xcel account number: _____ Email address: _____

How many people live in your home? _____ Gross Annual (yearly) Household Income: _____

Have you received **Energy Assistance** from Community Action Partnership (CAP) since Oct 1, 2024?

☐ Yes ☐ No ****If you answered "No" to receiving Energy Assistance, please attach proof of income (your most recent tax return, or 2 of your most recent pay stubs, or public assistance, such as MFIP, SNAP, SSI, etc.) ****

Housing Information Housing Type: Single Family ☐ Duplex ☐ Triplex ☐ Fourplex ☐ Apartment ☐
Mobile Home ☐ Townhome ☐ Do you - RENT ☐ or OWN ☐ your home?

If you OWN your home do have any of the following?

| Appliance | | Age | Appliance | | Age |
|------------------------|--|-----|-------------------|--|-----|
| Refrigerator | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Furnace | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Separate Freezer | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Boiler | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Window Air Conditioner | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Gas Water Heater | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Dehumidifier | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Elec Water Heater | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

If you're a RENTER, do you own any of the following:

| Appliance | Yes or No | Age | Appliance | | Age |
|------------------|--|-----|------------------------|--|-----|
| Refrigerator | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Window Air Conditioner | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Separate Freezer | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Dehumidifier | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Landlord's Name _____ Landlord's Phone Number _____

Additional Information

How did you learn about our program? _____

Have you had a visit from the Home Energy Squad (via CEE)? Yes ☐ No ☐ If yes, when? _____

Has your home been insulated within the past 10 years? Yes ☐ No ☐ If yes, by CAP? Yes ☐ No ☐

Signature _____ Date: _____

By signing this application, I agree to participate in the Home Energy Savings Program (HESP). I authorize the Energy CENTS Coalition to obtain relevant information from Xcel Energy, the City of St. Paul, and other utility accounts, and to share this information with partnering organizations providing energy conservation and related services. I confirm that all information provided is accurate to the best of my knowledge.

WEB