

APPLICATION FOR PROTECTION FROM HEAT SHUT-OFF

Name _____
 Address _____ Apt. No. _____
 City _____ State MN Zip _____
 Phone: Home _____ Phone: Work _____
 Acct # on your bill? _____ Total amount due? _____

Please print your answers to the following questions:	
What is the total yearly income of all persons in your home?	\$ _____
How many people are there in your home, including yourself?	_____
Do you have any medical emergency situations in your home?	_____ Yes _____ No
Place a \sqrt mark by your type of income information enclosed with this application for all persons in your home	
<input type="checkbox"/> Your payroll stubs for the past two months	<input type="checkbox"/> MFIP
<input type="checkbox"/> A current copy of your unemployment benefits	<input type="checkbox"/> Social Security/Social Security Disability
<input type="checkbox"/> Pension/Retirement benefits Statement	<input type="checkbox"/> General Assistance - all types
<input type="checkbox"/> Income Tax Return for the Previous year	<input type="checkbox"/> Medical Assistance Statement
<input type="checkbox"/> A letter from your employer showing you have been dismissed or laid off	<input type="checkbox"/> Other & Explain: _____
<i>An application mailed without copies of your income information will be incomplete and you may not receive protection from shut off.</i>	

Have you applied for Energy, Fuel or Emergency Assistance? If not, call 1/800-657-3710 to apply.

List the names of the companies who provide you with the following service:			
Gas		Oil	
Propane		Other	
This is a Declaration of my inability to pay for heat during the cold weather months. I am willing to make payment arrangements with the Co. to pay off my bill. I have put a \$ amount and \sqrt next to my choice below.			
I can pay: (Print \$ amount) \$ _____	Place a \sqrt mark by your choice. Use the lines to Explain "Other" arrangements. <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly _____ <input type="checkbox"/> Monthly _____ <input type="checkbox"/> Other _____		

The information is true and correct. I give permission to any energy provider or public assistance agency that serves me to exchange billing and income information with other energy providers and the Public Utilities Commission for the purpose of program qualification.

 Signature Date

If you are the "Third Party" for the customer whose service is affected by this notice and are submitting this for that customer, please sign below.

 Signature Phone No. Date