

2009 Gas Affordability Program application form



Offered by CenterPoint Energy. Administered by the Energy CENTS Coalition.

YOU MUST COMPLETE AND SIGN THIS FORM TO APPLY (PLEASE PRINT)

Name(s) on account _____

Service address _____

City _____

ZIP _____

Phone () _____

CenterPoint Energy account number (MUST BE INCLUDED)

The account number can be found under your name in the upper right corner of your bill.
If you do not know your account number, contact CenterPoint Energy at 612-372-4727 or 1-800-245-2377.

INCOME INFORMATION

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

What is your total yearly household income? \$ _____ a year

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

How many people live in your household? _____

Do you own or rent? OWN / RENT _____

By signing this document, I am applying for the Gas Affordability Program. I understand that by doing so I am agreeing to the following:

- I agree that I have received/qualified or will apply for Energy Assistance for the 2008–2009 Low Income Home Energy Assistance Program (LIHEAP) federal fiscal year, this heating season.
- I agree to allow CenterPoint 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 CenterPoint Energy necessary to process this application for the 2009 Gas Affordability Program year.
- 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 basis.
- I agree to notify CenterPoint Energy if there are changes in my income, household size, or if I move.
- I understand that enrollment in this program will automatically cancel me from my Budget Plan enrollment or any other previously agreed upon payment plan.

CenterPoint Energy account number _____

There will be a delay if you do not include your account number.



QUESTIONS? Call the Energy CENTS Coalition at 651-774-9010 or toll-free 1-888-774-9070

All adults living in your household listed on the LIHEAP application must sign below.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

MAIL TO: Energy CENTS Coalition, 823 E 7th Street, Saint Paul, MN 55106