

ID#:

Energy CENTS Coalition's Energy Savings Program



PLEASE PRINT

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

1. Homeownership: YES, I own my home _____ NO, I am a tenant _____ As a tenant, you're only eligible for our appliance replacement program and you must own the appliance. Circle the following appliances you own and enter the age:

Refrigerator (age) _____ Freezer (age) _____ Window AC (age) _____ Wall AC (age) _____

2. Housing Type: Single family _____ Duplex _____ Triplex _____ Fourplex _____ Apartment _____ Mobile Home _____ Townhome _____

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

4. Have you had a Home Energy Squad visit from CEE? YES _____ Date: _____ NO _____

(CEE - Center for Energy and Environment)

5. Have you had any insulation added to your home in the past 10 years? YES _____ NO _____

6. Have you had insulation installed by CAP (Community Action Partnership)? YES _____ Date: _____ NO _____

7. Homeowners – please enter the approximate age: Furnace / Boiler _____ Water Heater _____

Refrigerator _____ Freezer _____ Wall A/C _____ Window A /C _____

Xcel account number: _____ Email address: _____

Income Verification

Have you received a grant from Energy Assistance since October 1, 2016? _____ YES _____ NO*

If you did not receive Energy Assistance within the previous two years, please provide proof of income. (A copy of your federal tax return, copies of pay stubs for one month's earnings or proof of public assistance or Social Security payments, etc)

By signing this document, I am signing up for the Energy Savings 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. I verify that all information on this application is, to the best of my knowledge, correct.

Signature _____ Date _____

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