

ID#:

Energy CENTS Coalition's Energy Savings Program



PLEASE PRINT

Name on your Xcel account: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Xcel account number: _____ Email address: _____

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

Income Verification

Have you received a grant from Energy Assistance since October 1, 2017? _____ YES _____ NO*

** If you did not receive Energy Assistance within the previous 2 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)**

Do you: OWN or RENT your home? please circle one

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

Tenants Only

As a tenant, you're **only** eligible for our appliance replacement program and you must **own** the appliance. Please **circle** the following appliances you **own** and enter the approximate age:

Refrigerator _____ Freezer _____ Window AC _____ Wall AC _____

Homeowners Only

Have you had a Home Energy Squad visit? YES _____ Date: _____ NO _____

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

If so, was it installed by CAP (Community Action Partnership)? YES _____ Date: _____ NO _____

Please enter the approximate age: Furnace _____ Boiler _____ Water Heater _____ Refrigerator _____

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

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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