



Medical Electric Affordability Program Application

Offered by Xcel Energy and administered by the Energy CENTS Coalition



You must sign and complete this form in full to apply for this program.

Section I. Requestor information

Please check appropriate box for service provided by Xcel Energy Electricity Natural gas Both

Name on account _____

Contact phone _____ Cell phone _____

Email _____

Address _____ Apartment/unit number _____

City _____ State _____ ZIP _____

Do you own or rent your home? (Check one) Own Rent

Check the box that best describes your home:

House Townhouse Duplex Triplex Fourplex Apartment Condominium Mobile home

Other _____

Xcel Energy account number _____

Your account number can be found on the top of your bill. We cannot process your application without your account number.

If you do not know your account number, call us at **800.895.4999**.

Section II. Energy assistance

Did you receive a grant from the Low Income Home Energy Assistance Program (LIHEAP) this heating season? Yes No

It is not necessary that you be receiving LIHEAP assistance to be eligible for the Medical Affordability Program.

Please provide proof of your income. (A copy of your most recent tax return, copies of your check stubs for one month's earnings or proof of public assistance or Social Security payments, etc.)

Please see the back of this application for important program information.

Section III. Income information

Check all boxes that apply and write in total monthly amount received by all household members. We do not include child support, food support or earned income from K-12 students. **No proof of income is needed if you received a LIHEAP grant this heating season.**

How many people live in your household? _____ How many people in your household have income? _____

Type (check all that apply)	Monthly total (for all household members)
<input type="checkbox"/> Gross wages (before taxes)	\$ _____
<input type="checkbox"/> Social Security benefits (SSDI, SDI, SSA)	\$ _____
<input type="checkbox"/> Supplemental Security benefits (SSI)	\$ _____
<input type="checkbox"/> Minn. Family Investment Program (MFIP)	\$ _____
<input type="checkbox"/> General Assistance (GA)	\$ _____
<input type="checkbox"/> Diversionary Work (DWP)	\$ _____
<input type="checkbox"/> Veterans' benefits	\$ _____
<input type="checkbox"/> Self employment (business, farm and rental income)	
Add lines 12, 14, 17 and 18 on your most recent IRS 1040 tax return \$ _____	

Type (check all that apply)	Monthly total (for all household members)
<input type="checkbox"/> Workers' Compensation	\$ _____
<input type="checkbox"/> Unemployment compensation	\$ _____
<input type="checkbox"/> Retirement income	\$ _____
<input type="checkbox"/> Long/short term disability	\$ _____
<input type="checkbox"/> Alimony/spousal support	\$ _____
<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Other: _____	\$ _____

Section IV. Signature

Signature _____ Date _____

By signing this document, I am giving Energy CENTS Coalition and Xcel Energy permission to obtain information about me and I am agreeing to the following:

- I agree to allow Xcel 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 Xcel Energy necessary to process this application.
- 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, first served basis.
- I agree to notify Xcel Energy and Energy CENTS Coalition if there are changes in my income, household size or if I move.
- I understand that enrollment in this program will automatically cancel my averaged monthly payment enrollment or any other previously agreed upon payment plan.
- I agree to allow the Energy CENTS Coalition to share any of the above information with other organizations that provide energy assistance, conservation and other services.
- I agree to allow heating and electricity companies to give data about my account and energy use to the Energy CENTS Coalition for the Medical Affordability program and any Energy CENTS Coalition conservation programs.
- I understand that I must have a certified medical form on file in order to be eligible for this program.

Questions?

Call the **Energy CENTS Coalition** at **888.774.9070**.

Fax your application to **651.774.0445**.

Email to **Energy CENTS Coalition** at **ecc@energycents.org**.

Mail your application to:

Energy CENTS Coalition
823 E. 7th Street
Saint Paul, MN 55106