



RENEWs Application



Section I. Applicant Information

Name on account: _____

Phone: _____ Other phone: _____

Address: _____ Apartment/Unit number: _____

City: _____ State: _____ ZIP: _____

Xcel Energy account number: _____ (Your account number can be found in the lower left corner of your bill.)

What's the best way to contact you? Call _____ Text _____ Email _____

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

Check the box that best describes your home:

House Townhouse Duplex Tri-plex Four-plex Apartment Condominium Mobile Home Other _____

Section II. Energy Assistance Program Information

Did you receive a grant from the Low Income Home Energy Assistance Program (LIHEAP) this heating season? (It is not necessary that you be receiving LIHEAP assistance to be eligible for RENEWs.)

Yes No

Section III. Income Information

How many people live in your household? _____

What is your total household annual income \$ _____ or total household monthly income \$ _____

Please include income from ALL sources (except food stamps/SNAP, child support or income earned by K-12 students) and for ALL household members.

Provide your total monthly income from all sources, including: Gross wages (before taxes), Social Security Benefits (SSDI, SDI, SSA), Supplemental Security benefits (SSI), MN Family Investment Program (MFIP), General Assistance (GA), Diversionary Work (DWP), Veteran's Benefits, Worker's Compensation, Unemployment Compensation, Retirement income, Long/short-term disability, Alimony/spousal support.

If self-employed (business, farm and rental income) Add lines 12, 14, 17 and 18 on your most recent IRS 1040 tax return \$ _____

If you are a seasonal worker, provide your total ANNUAL income \$ _____

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.)

If you received an Energy Assistance grant this past heating season, no proof of income is required.

Section IV. Signatures

All adults living in your household must sign below. Please see the back of this application for important program information.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



Complete/submit your application:		
Online	Mail	Email
www.energycents.org/RENEWs	Energy CENTS Coalition 823 E. 7 th Street St. Paul, MN 55106	RENEWs@energycents.org