**Inability to Pay form**

IF YOU CANNOT PAY YOUR FULL BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUT­OFF, fill out this form and send it to your gas or electric utility immediately. Minnesota’s Cold Weather Rule provides that from October 1 through April 30 a utility cannot disconnect a residential utility customer who meets income eligibility and enters into, and keeps current with, a mutually agreed upon payment arrangement with their utility.

Please print and fill out completely

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #\_\_\_\_\_\_\_

City Zip Phone: home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number from your bill

Total amount you owe $ \_\_\_\_\_\_\_\_\_\_\_

Total annual (yearly) household income $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of persons in household (including yourself) \_\_

If you receive a form of public assistance for people with total household income at or below 50% of the state median household income level, please indicate that assistance program (for instance, Energy Assistance) on the line below. You may automatically qualify for Cold Weather Rule protection based on your eligibility for that program.

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Payment Arrangement

I propose to pay my outstanding and future bills according to the following schedule of payments:

$ \_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I acknowledge that I have received, read and understand the enclosed Notice of Residential Customer's Rights and Responsibilities. I declare that the above information is true and correct. I give my permission to any energy assistance provider or public assistance agency that serves me to exchange income and billing information for the purpose of program qualification.

Customer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_