

COLD WEATHER RULE APPLICATION PACKET

*If you wish to apply for the Cold Weather Rule (between October 15 and April 15 only) and an applicable payment plan with the City of Pierz, you will be required to complete the attached application packet. An application to the Cold Weather Rule and Pierz Payment Plan will **NOT** be considered until the full, complete, application packet is received, along with all supporting documentation. It is the responsibility of the resident to provide all information in a timely manner. Failure to provide a completed application within 15 days of the shut off notice will result in disconnection. The City must be given at least 1 day (24 hours) to review the completed application in a timely manner.*

Please Be Sure to Include the Following in Your Application (application will be considered incomplete if anything is missing and will result in disconnection):

- Copy of your received Shut Off Notice from the City of Pierz
- Completed & Signed Application for Protection from Heat Shut Off
- Income Verification from all sources of income listed in second section on Application for Protection from Heat Shut Off
- Signed Acknowledgement of receipt of City of Pierz Electric Policy

*To apply for energy assistance, please contact Tri-CAP, 1-888-765-5597.



Application for Protection From Heat Shutoff

Name: _____
 Address: _____ Apt. Number: _____
 City: _____ State: _____ Zipcode: _____
 Phone: _____ Total Amount Due: _____
 Account Number: _____

PLEASE PRINT YOUR ANSWERS TO THE FOLLOWING QUESTIONS

What is the total yearly income of all persons in your home?	_____
How many people are there in your home, including yourself?	_____
Do you have any medical emergency situations in your home?	Yes: _____ No: _____

PLACE AN X BY THE TYPE OF INCOME INFORMATION ENCLOSED WITH THIS APPLICATION FOR ALL PERSONS IN YOUR HOME (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Payroll Stubs for the last two months	<input type="checkbox"/>	MFIP
<input type="checkbox"/>	Current copy of Unemployment Benefits	<input type="checkbox"/>	Social Security/Disability
<input type="checkbox"/>	Pention/Retirement Benefit Statement	<input type="checkbox"/>	General Assistance (all)
<input type="checkbox"/>	Income Tax Return for the previous year	<input type="checkbox"/>	Medical Assist Statement
<input type="checkbox"/>	Letter showing dismissal or layoff from employer	<input type="checkbox"/>	Other & Explain:

AN APPLICATION MAILED WITHOUT COPIES OF YOUR INCOME INFORMATION WILL BE INCOMPLETE AND YOU MAY NOT RECEIVE PROTECTION FROM SHUT OFF.

HAVE YOU APPLIED FOR ENERGY, FUEL, OR EMERGENCY ASSISTANCE? IF NOT CALL: 888-765-5597

LIST THE NAMES OF THE COMPANIES WHO PROVIDE YOU WITH THE FOLLOWING:

Gas	_____	Oil	_____
Propane	_____	Other	_____

This is a Declaration of my inability to pay for heat during the cold weather months. I am willing to make arrangements with the Company to pay off my bill. I have put a \$ amount and X next to my choice below.

I can pay: (Print Dollar Amount) \$ _____	Place an X by your choice. <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Other
	Please Explain if you marked other: _____

The information is true and correct. I give permission to any energy provider or public assistance agency that serves me to exchange billing and income information and with the Public Utility Commission for the purpose of program qualifications.

Signature

Date

If you are the "Third Party" for the customer whose service is affected by this notice and are submitting this for that customer, please sign below.

Signature

Date

Mail Completed Application and Income Documents to:
City of Pierz
PO Box 367
Pierz, MN 56364