

Crisis Assistance Request Form

Complete this form if you have already applied for the Energy Assistance Program (EAP) and would like help with your energy emergency.

Section I. Household information

Name on utility account: _____ Account number _____

EAP household number (HH#) _____ (if known) Phone number _____

Section II. Energy Emergency Information

My electric account is:

- Already disconnected. Disconnect Date: _____
- Scheduled for disconnection. Date Scheduled: _____
- Past due. Total balance owed: _____

Section III. Approval

By signing, I confirm that:

- I am authorized to act for this household and utility account.
- I want to use my EAP Crisis benefit to address my energy emergency.
- I am currently living in the home where the energy emergency exists.

Submitting this form does not guarantee that funds are available, or your emergency will be resolved.

Print Name: _____

Signature: _____ Date: _____

How to submit this request:

This form must be submitted directly to your Service Provider by:

- Mail
- Email
- Fax
- Dropping it off in person

You may also contact your Service Provider by phone to request assistance.

If you don't know who your Service Provider is call 1-800-657-3710 or go online to mn.gov/energyassistance