

# CARE Affordability Discount Application

(Customer Affordability of Residential Electricity)



**Minnesota Power's CARE program offers income-qualified households a discount on monthly electric bills.**

**Apply for the CARE Affordability Discount:** *You must sign and complete this form in full to apply for this program.*

## Section I – REQUESTOR INFORMATION

Name(s) on Minnesota Power account: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Service address (address where you live): \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

*Your account number can be found in the upper left corner of your bill. We cannot process your application without your account number. If you do not know your account number, call us at **218-355-3500**.*

## Section II – INCOME INFORMATION

Please include gross income from ALL sources (except food stamps) and for ALL household members. This is your income amount before taxes and expenses.

What is your current household income? \$ \_\_\_\_\_ per year

What was your total income for the last three months? \$ \_\_\_\_\_ last three months

How many people live in your household? \_\_\_\_\_ people  
*(Please include all adults and children living in your home at this time)*

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  Condo  Mobile Home  
 Other: \_\_\_\_\_

## Section III – SIGNATURES

Adult listed on the Minnesota Power account must sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this document, I am giving Minnesota Power permission to obtain information about me and I am agreeing to the following:

- I agree that I have received/qualified for Energy Assistance for the current Low Income Home Energy Assistance Program (LIHEAP) federal fiscal year, this heating season.
- I agree to allow Minnesota Power to use payment information in the evaluation of the program.
- I understand I must make my monthly bill payment in order to stay in the program and to prevent service disconnection.
- I agree to notify Minnesota Power if there are changes in my income, household size or if I move, and I agree to provide Minnesota Power income verification documentation if requested.
- I agree to allow Minnesota Power to share any of the above information with other organizations that provide energy assistance, conservation and other services.

**The next steps:**

A Minnesota Power representative will review your application and notify you of the results. Thank you for applying!

**Questions?**

Call Minnesota Power at 218-355-3500

**Submit your application**

**Mail** your application to: Minnesota Power, Attn: CARE, 30 West Superior Street, Duluth, Minnesota 55802

**Email** your application to: [CARE@mnpower.com](mailto:CARE@mnpower.com)