

## What you will pay:

This chart shows your estimated monthly billing amounts and savings under the CARE program.

Monthly kWh Usage	Standard Residential Rates*	CARE Rates*	Estimated Monthly Savings
100	\$16.35	\$12.89	\$3.46
200	\$24.22	\$18.82	\$5.40
300	\$32.06	\$24.71	\$7.35
400	\$39.91	\$30.62	\$9.29
500	\$50.11	\$38.26	\$11.85
600	\$60.28	\$45.87	\$14.41
700	\$70.49	\$53.52	\$16.97
754	\$76.00	\$57.65	\$18.35
800	\$80.67	\$61.14	\$19.53
900	\$93.23	\$70.53	\$22.70
1000	\$105.76	\$79.88	\$25.88
1100	\$118.30	\$89.25	\$29.05
1200	\$130.84	\$98.62	\$32.22
1300	\$145.91	\$109.85	\$36.06
1400	\$161.00	\$121.10	\$39.90
1500	\$176.08	\$132.34	\$43.74
2000	\$251.46	\$188.53	\$62.93
2500	\$326.87	\$244.74	\$82.13
3000	\$402.25	\$300.93	\$101.32

\*Estimated monthly billing amounts include all items on bills (e.g., fuel adjustment, cost recovery rider adjustments, etc.) except sales tax and municipal franchise fees.

## To stay on the CARE program:

1. Stay current on your monthly bill.
2. Don't miss payments.
3. Notify Minnesota Power if you have a change of address or change in eligibility status.
4. Renew your LIHEAP application every year.



Questions related to the **CARE program and application** should be directed to Minnesota Power at [CustomerService@mnpower.com](mailto:CustomerService@mnpower.com) or call 1-800-228-4966. Say "Customer Service" to be connected with a representative.

Minnesota Power's CARE Program offers tools for income-qualified households on their monthly electric bills.

J-67104



## Customer Affordability of Residential Electricity

A discounted electric rate program for income-qualified households



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

## Apply for the CARE program:

(Customer Affordability of Residential Electricity)

1. Complete your LIHEAP (Low Income Home Energy Assistance Program) application with your local energy assistance provider. Find your local agency at <https://mn.gov/commerce/consumers/consumer-assistance/energy-assistance/eap-provider.jsp>

Complete the CARE program application at [mnpower.com/CARE](http://mnpower.com/CARE), or fill out the form at right, or call Minnesota Power at 1-800-228-4966. Say "Customer Service" to be connected with a representative.

2. Completed online applications should be submitted to [CustomerService@mnpower.com](mailto:CustomerService@mnpower.com).

Completed applications from this brochure should be mailed to:

Minnesota Power  
ATTN Customer Service  
30 W Superior St  
Duluth, MN 55802

Find energy conservation tips, rebates and more at [mnpower.com/save](http://mnpower.com/save).

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**Renew your LIHEAP application every year to remain enrolled in the CARE Program.**

# CARE Program Application Form

Program year runs from Oct. 1 through Sept. 30.

**You must complete and sign this form to apply for the CARE program (Please print)**

Application date: \_\_\_\_\_

County you live in: \_\_\_\_\_

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

Service address (address where you live): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing address (if different from service address): \_\_\_\_\_

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

Minnesota Power account number (MUST BE INCLUDED): \_\_\_\_\_

*If you do not know your account number, contact Minnesota Power at 1-800-228-4966. Say "Customer Service" to be connected with a representative.*

By signing this document, I am applying for the Minnesota Power Customer Affordability of Residential Electricity (CARE) program. I understand that by doing so, I am agreeing to the following:

1. I agree that I have qualified for or have received energy assistance from the Low Income Home Energy Assistance Program (LIHEAP).
2. **I understand that I must keep my account current to participate in the program.**
3. I agree to allow Minnesota Power to use payment information in the evaluation of the program.
4. I agree to allow Minnesota Power to obtain account information, including LIHEAP status, necessary to process this application for the above program year for Minnesota Power CARE.
5. I agree to notify Minnesota Power if there are changes in my income or household size, or if I move.
6. I understand that enrollment in this program will automatically cancel my participation in any other, previously agreed upon payment plans with Minnesota Power.

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

**QUESTIONS? Contact Minnesota Power at 1-800-228-4966 and say "Customer Service" to be connected with a representative.**

**MAIL TO:** Minnesota Power, ATTN Customer Service, 30 W Superior St, Duluth, MN 55802

*If application is not fully completed, it will delay your enrollment in the program.*