

Willmar Municipal Utilities

700 SW Litchfield Ave.

P.O. Box 937

Willmar, MN 56201

320-235-4422

(Fax) 320-231-3763

Inability to pay/income eligibility form

IF YOU CAN'T PAY YOUR FULL BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF, fill out this form and return it to (name of utility) immediately. The Cold Weather Rule provides that from October 15 through April 15 a utility cannot disconnect a residential utility customer if you enter into, and keep current with, a mutually agreed upon payment arrangement with the utility.

Fill out completely - please print

NAME _____

SERVICE ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____ PHONE: _____

ACCOUNT NUMBER _____

TOTAL AMOUNT YOU OWE \$ _____

Total annual (yearly) household income \$ _____

Number of persons in household (include 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(s) below. You may automatically qualify for Cold Weather Rule protection base on your eligibility for that program.

Source of income (circle appropriate sources):

Employment AFD/GA GA Medical Care/Medical Assistance I do not pay for any of my own medical bills

Please circle if any of the following exist in your home:

Medical emergency Disabled person in residence

Payment Arrangements (inability to pay):

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

Customer Signature: _____ Date: _____

