



Michigan Residential Low-Income Credit Program

Offered and administered by Xcel Energy (the Company). The company reserves the right to verify eligibility for this program. This provision is not available for residential seasonal or alternative properties.

You must sign and complete this form in full to apply for this program. Households that have received any of the following Michigan utility assistance grants are automatically enrolled into the MI Residential Low Income Credit (MIRLIC) program; State Emergency Relief, MI Low-Income Heating & Energy Assistance Program (LIHEAP), MI Energy Draft/Home Heat Credit, MI Veterans Trust Fund, MI Homeowners Assistance Fund, other utility assistance grants. If you have not received any utility assistance grants, please complete the application.

Section I. Requestor information

Please check appropriate box for service provided by Xcel Energy Electricity Natural gas Both

Name on account _____

Contact phone _____ Cell phone _____

Email _____

Address _____ Apartment/unit number _____

City _____ State _____ ZIP _____

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 Condominium Mobile home

Other _____

Xcel Energy account number _____

Your account number can be found on the top of your bill. We cannot process your application without your account number.

If you don't know your account number or have questions contact us at **866-975-7327**.

Section II. Income information

Check all boxes that apply and write in the total monthly amount received by all household members. Do not include child support, food support or earned income from K-12 students. **No proof of income is needed if you received a LIHEAP grant this heating season.**

How many people live in your household? _____ How many people in your household have income? _____

Type (check all that apply)	Monthly total (for all household members)	Type (check all that apply)	Monthly total (for all household members)
Gross wages (before taxes)	\$ _____	Workers' Compensation	\$ _____
Social Security benefits (SSDI, SDI, SSA)	\$ _____	Unemployment compensation	\$ _____
Supplemental Security benefits (SSI)	\$ _____	Retirement income	\$ _____
Family Independence Program (FIP)	\$ _____	Long/short term disability	\$ _____
General Assistance (GA)	\$ _____	Alimony/spousal support	\$ _____
Diversionary Work (DWP)	\$ _____	Other: _____	\$ _____
Veterans' benefits	\$ _____	Other: _____	\$ _____
Self employment (business, farm and rental income) Add lines 12, 14, 17 and 18 on your most recent IRS 1040 tax return	\$ _____		\$ _____

Section III. Eligibility Information

Check all boxes that apply for all household members. If required, proof of income may be requested by the company.

Type of benefits received (check all that apply)	Yes	No
Social Security benefits (SSDI, SDI, SSA)		
Supplemental Security benefits (SSI)		
Temporary Assistance to Needy Families (TANF)		
Medicare		
MI Medicaid		
MI Child		
MI Children's Special Health Care Services		
Supplemental Nutrition Assistance Program (SNAP)		

Section IV. Signature

Signature _____ **Date** _____

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

- I agree to allow Xcel Energy to use payment information in the evaluation of the program.
- I agree to allow Xcel Energy to use benefit information necessary to process this application.
- I understand the program stops if I no longer receive utility service from Xcel Energy.
- I agree to notify Xcel Energy if I move.

Questions?

Call our **Personal Accounts Representatives Department** at **866-975-7327**

Email: PEAP.EAP@xcelenergy.com

Mail your application to:

Xcel Energy
MN1036-01-PARMLIC
414 Nicollet Mall
Minneapolis, MN 55401