



Medical Affordability Program

Higher energy costs can stretch your budget limits. Help is available from Xcel Energy and our trusted partner, the Energy CENTS Coalition, a community-based organization that promotes more affordable utility service for low- and fixed-income Minnesotans with special medical needs.

The Medical Affordability program is funded to the level of \$3 million annually and is available to medically certified, income qualified Xcel Energy residential electric customers. The program provides supplemental energy bill payment assistance customized to fit your needs. For example:

- You may receive a monthly discount on your Xcel Energy bill based on your household income, and on how much energy you use.
- If your Xcel Energy account is past due, you may receive a monthly credit to help you stay up-to-date.

Here's how the Medical Affordability program works:

- Based on your household income, you will be required to pay a set amount, based on a percentage of your income, each month for your electricity.
- Each time you make your payment, we will retire a portion of your past due amount on your bill.

Medical Affordability Program

- Customers with certified medical circumstances and an income level up to 50 percent of the Minnesota State Median Income Guidelines (SMI). Availability may be extended to qualifying customers up to 60 percent of SMI according to availability of remaining annual program funds. The Company will offer customer benefits with the objective of limiting the percentage of household income used for the cost of electricity. Customers in arrears are required to agree to a payment plan.
- You must pay your monthly Xcel Energy bill on time. If you fall behind on your payments, you will be removed from the program and ineligible to reapply until the next calendar year. You may be subject to service disconnection, as well.
- You are required to notify Energy CENTS Coalition if you move or if your household income changes.
- You agree to program terms and conditions.

How to apply:

Please complete the enclosed Medical Affordability application and return it to Energy CENTS Coalition in the return envelope provided. We encourage you to apply as soon as possible as funds are limited.



Contact us:

If you have questions or would like more information, please contact Energy CENTS Coalition at **651.774.9010** (Twin Cities Metro) or at **888.774.9070** for out-state. To speak to a personal account representative at Xcel Energy, please call us at **866.975.7327**.



Medical Electric Affordability Program Application

Offered by Xcel Energy and administered by the Energy CENTS Coalition

You must sign and complete this form in full to apply for this program.

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 do not know your account number, call us at **1.866.975.7327**.

Section II. Energy assistance

Did you receive a grant from the Low Income Home Energy Assistance Program (LIHEAP) this heating season? ☐ Yes ☐ No*

It is not necessary that you be receiving LIHEAP assistance to be eligible for the Medical Affordability Program.

*If you answered "no" in Section II above, please provide proof of your income. (A copy of your most recent tax return, copies of your check stubs for one month's earnings or proof of public assistance or Social Security payments, etc.)

Please see the back of this application for important program information.

Section III. Income information

Check all boxes that apply and write in total monthly amount received by all household members. We 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	\$ _____
☐ Minn. Family Investment Program (MFIP)	\$ _____	☐ 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 IV. Signature

Signature _____ Date _____

By signing this document, I am giving Energy CENTS Coalition and 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 the Energy CENTS Coalition to obtain account information, including LIHEAP status, from Xcel Energy necessary to process this application.
- I understand I must make my monthly bill payment in order to stay in the program, to receive credit toward past due amounts and to prevent service disconnection.
- I understand that enrollment for the program is based on a first come, first served basis.
- I agree to notify Xcel Energy and Energy CENTS Coalition if there are changes in my income, household size or if I move.
- I understand that enrollment in this program will automatically cancel my averaged monthly payment enrollment or any other previously agreed upon payment plan.
- I agree to allow the Energy CENTS Coalition to share any of the above information with other organizations that provide energy assistance, conservation and other services.
- I agree to allow heating and electricity companies to give data about my account and energy use to the Energy CENTS Coalition for the Medical Affordability program and any Energy CENTS Coalition conservation programs.
- I understand that I must have a certified medical form on file in order to be eligible for this program.

Questions?

Call the **Energy CENTS Coalition** at **888.774.9070**.

Fax your application to **651.774.0445**.

Email to **Energy CENTS Coalition** at **ecc@energycents.org**.

Mail your application to:

Energy CENTS Coalition
823 E. 7th Street
Saint Paul, MN 55106