

Minnesota Power
Customer Affordability of Residential Electricity (CARE) Program

Application Form Application

Date: _____

Program year runs from October 1 through September 30. Offered by Minnesota Power. Administered by Arrowhead Economic Opportunity Agency (AEOA).

Name of Energy Assistance Agency Where Application Was Submitted: _____

You must complete this form to apply for the CARE Program.

Name(s) on Minnesota Power account _____

Service Address _____

City _____ *State* _____ *Zip* _____ *Phone* _____

Minnesota Power account number (MUST BE INCLUDED) _____

If you do not know your Minnesota Power account number, contact Minnesota Power at 218-722-2625 or 1-800-228-4966.

By filling out 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:

- I agree that I have qualified/received for the program year _____ to _____ Energy Assistance from Low Income Home Energy Assistance Program (LIHEAP) or from _____.
- I agree to allow Minnesota Power to use payment information in the evaluation of the program.
- I agree to allow Arrowhead Economic Opportunity Agency (AEOA) to obtain account information, including LIHEAP status, necessary to process this application for the above program year for Minnesota Power CARE.
- I understand I must make my monthly bill budget plan payment in order to stay in the program and to prevent potential service disconnection.
- I agree to complete the free “Your Home Energy Report” at www.mnpower.com/yher as an eligibility requirement of this program. I will provide AEOA with verification (a printed report or information to access my online report) that my “Your Home Energy Report” has been completed.
- I agree to notify Minnesota Power if there are changes in my income or household size, or if I move.
- I understand that enrollment in this program will automatically cancel me from any previous agreed upon payment plans.
- I understand that enrollment for the program is based on a first-come, first-served basis.

Click to agree to the
terms and conditions

QUESTIONS? Contact Arrowhead Economic Opportunity Agency (AEOA) at: 1-800-662-5711 or 218-749-2912



Arrowhead Economic Opportunity Agency (AEOA), 702 3rd Avenue South, Virginia, MN 55792

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

AEOA Office Use Only:

EAP Application Approval Date: _____

eHEAT HH #: _____

Minnesota Power Application

Approved

Denied

Reason for Denial:

AEOA Certifier Signature: _____ Date: _____