



CITY OF BUFFALO, MINNESOTA

Inability to Pay Form!

Application for Municipal Electric Shut-Off Protection

READ THE ENCLOSED NOTICE OF CUSTOMER RIGHTS AND POSSIBLE ASSISTANCE (see reverse side) **BEFORE** COMPLETING THIS FORM.

IF YOU CAN'T PAY YOUR FULL BILL AND NEED TO MAKE SPECIAL ARRANGEMENTS TO SPREAD OUT YOUR PAYMENTS, call the City of Buffalo **IMMEDIATELY**.

Minnesota's Cold Weather Rule (Minnesota Statutes, Chapter 216B.097) provides that from October 1 through April 30 an electric utility cannot disconnect a residential consumer for nonpayment if you meet all of the following conditions:

1. You declare an inability to pay on this form.
2. Your total household, not individual, income is less than 50 percent of the state median income. You must provide the necessary documentation to support this condition.
3. Your account is current for the billing period immediately prior to October 30.

OR

You have entered into a payment schedule and are reasonably current with your scheduled payments.

If you do not meet all of the above conditions, then you do not qualify for winter shut-off protection. However, you still can continue to receive electric service if you call us to make a mutually acceptable payment arrangement.

Fill out completely (please print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Account Number (from your bill) _____

Total Amount Owning \$ _____ Total Annual Household Income \$ _____

Source of Income (X appropriate choices):

- Employment
- AFDC/GA/GA Medical Care
- Medical Assistance
- Disability/Social Security/Pension
- SSI/Food Stamps/XSA/Children's Health Plan
- I do not pay for any of my own medical expenses

DATE OF PAYMENT

AMOUNT OF PAYMENT

\$ _____
\$ _____
\$ _____

Number of Persons in Household (include yourself) _____

Please check if either of the following exists in your home:

- Medical Emergency
- Disabled Person in residence

CALL THE CITY OF BUFFALO (763-682-1001) WITHIN 10 DAYS AFTER THE POSTMARKED DATE ON THIS NOTICE TO VERIFY YOUR STATUS AND TO MAKE ANY NECESSARY PAYMENT ARRANGEMENTS.

By signing this form, I hereby authorize any gas or electric utility that serves me to exchange billing information. I acknowledge that I have received, read and understand enclosed Notice of Residential Customer Rights and Possible Assistance. I attest that the above information is true and correct.

Customer Signature _____ Date _____

RETURN THIS FORM AND DOCUMENTATION TO CITY OF BUFFALO IMMEDIATELY.

City of Buffalo, Attn: Utility Billing
212 Central Ave. Buffalo, MN 55313

Please call for more information about energy assistance.