

Energy Assistance and Weatherization Contacts

State Office

Energy Assistance 1-800-657-3710
www.commerce.state.mn.us

Carver County

Social Services 952-361-1600
Community Action Ptn. 952-496-2125

Hennepin County

Energy Assistance 952-930-3541
Emergency Assistance 612-596-1300

Meeker County

Energy Assistance 320-693-7911
320-235-0850

Stearns County

Energy Assistance Tri-Cap 320-251-1612
Social Services 320-656-6000

Wright County

Community Action 320-963-6500
Emergency Assistance 763-682-7414
1-800-362-3667

Heat Share/Salvation Army

Wright County 320-252-4552
Hennepin County 1-800-842-7279
612-721-1668



For energy conservation and weatherization tips visit our website at www.whe.org



Minnesota's Cold Weather Rule 216B.097

www.leg.state.mn.us/leg/statutes.asp

The Cold Weather Rule states that a cooperative electric association must not disconnect and must reconnect the utility service of a residential customer during the period between October 15 and April 15 if the disconnection affects the primary heat source for the residential unit and all of the following conditions are met:

- A customer enters into and makes reasonably timely payments under a payment agreement that considers the financial resources of the household.
- The household income of the customer is at or below 50 percent of the state median household income. The utility may verify income on forms it provides or obtain verification of income from the local energy assistance provider. A customer is deemed to meet the income requirements of this clause if the customer receives any form of public assistance, including energy assistance that uses an income eligibility threshold set at or below 50 percent of the state median household income.
- A customer receives referrals to energy assistance, weatherization, conservation, or other programs likely to reduce the customer's energy bills.

RESIDENTIAL RIGHTS AND RESPONSIBILITIES

The Cold Weather Rule provides you with these rights and responsibilities:

The Right to declare your inability to pay your utility bill.

The Responsibility, if you choose to declare inability to pay, to complete the Inability to Pay form and return it to WH within 10 days.

The Right to a mutually acceptable payment agreement with WH. This payment agreement will cover your existing arrears plus estimated usage during the payment agreement period.

The Responsibility to provide documentation to WH, or your local energy assistance provider, that your household income is less than 50 percent of the state median income.

The Right to appeal a notice of involuntary disconnection of service to the CEO. If a customer chooses to appeal, the customer must send the Cooperative written notice of the basis of the appeal and the issues in dispute. This written notice must be delivered to the Cooperative prior to the date of disconnection. The customer will be notified when the CEO will consider the appeal, and the customer has the right to be present at that time. No disconnection of service will take place during the appeal process.



Minnesota's Extreme Heat Law 216B.0975

www.leg.state.mn.us/leg/statutes.asp

A utility may not effect an involuntary disconnection of residential services in affected counties when an excessive heat watch, heat advisory, or excessive heat warning issued by the National Weather Service is in effect.

INABILITY TO PAY APPLICATION FOR
UTILITY SHUTOFF PROTECTION
(Fill out completely – please print)
Effective October 15 through April 15

Account Number: _____

Name: _____

Address: _____

Phone: _____ Cell: _____

Amount Owing: _____

Total Annual Income: _____

No. persons in home: _____

Please provide name of agency to which proof of income has been provided: _____

If proof of income is incomplete, you will not be protected from disconnection.

This is a declaration of my inability to pay for heat during the cold weather rule months.

I hereby authorize the electric utility that serves me to exchange billing information. I acknowledge that I have received, read and understand the attached notice of residential rights and responsibilities. I attest that the above information is true and correct.

To be protected from disconnection, I will contact WH to make a payment arrangement within 4 (four) business days of submitting this form.

Payment arrangements must be kept to be protected from disconnection.

Customer signature _____

Date _____