



# RECare Application

### Applicants must meet all of the following qualifications:

- The applicant(s) must be a current MiEnergy Cooperative member who has an active account in their name for at least six months.
- The member must also reside in the Cooperative’s service area.
- A member is qualified by low income level, which is established by the State of Minnesota.
- A member must first apply to the Semcac Energy Assistance Program.
- The money, if granted, is applied to the active electric account to be used for electric service only. No funds or refunds are disbursed to the individual.
- The program year runs from July 1 – June 30. Applicants must reapply yearly.

*Assistance is offered per household with the minimum amount being \$50.00 up to a maximum of \$200.00 per year.*

### If you meet all of the qualifications above, please fill out the following:

1. Annual income level percentage certified by Semcac Community Action Agency: \_\_\_\_\_%
2. Please check any other factors that may apply:
  - Electric heat is main source of heat. List type of heating equipment: \_\_\_\_\_.
  - Loss of an income support person for this electric account. Must be a minimum of 30 days or longer. This may be due to a death or incarceration. Member’s name: \_\_\_\_\_.
  - Financial condition due to a natural disaster. Date and type of disaster: \_\_\_\_\_.
  - Disability for minimum of 30 days or longer. \*\*Attach letter from physician.
  - Loss of employment for over 2 months. Seasonal employment does not apply.
  - Paid at least 25% of outstanding electric bill balance during winter moratorium.

MiEnergy Cooperative Account #: \_\_\_\_\_ Date: \_\_\_\_\_

Member Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO: MiEnergy, PO BOX 626, RUSHFORD, MN 55971**

**\*By signing this application, I authorize Semcac to provide MiEnergy Cooperative my income eligibility information.**

**Semcac Community Action Agency authorized representative:**

Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

----- *For Internal Use Only* -----

Amount of bill credit: \$ \_\_\_\_\_ Date credited to account: \_\_\_\_\_