



# Military Service Personnel Application for Protection from Shut-Off

Please print and fill out completely

- A.** Name \_\_\_\_\_ Itasca-Mantrap Electric Account # \_\_\_\_\_  
 Service Address \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Total amount owing \$ \_\_\_\_\_  
 What is the total yearly income of all persons in your home? \_\_\_\_\_  
 How many people are in your home, including yourself? \_\_\_\_\_  
 Do you have any medical emergency situations in your home? \_\_\_\_\_

**B. Proof of income has been given to my Energy Assistance Provider(s). List Energy Assistance Provider(s) here and move on to Section C.**

If you wish to be considered for Military Service Personnel protection, please include proof of your household's monthly or annual gross income after orders are effective and proof of qualifying military duty, such as a copy of PCS orders. Place a check mark by the type of income verification enclosed with this application for all persons in your home.

- |  |  |
|--|--|
| Most recent payroll stubs                        | MFIP (Minnesota Family Investment Program) |
| A current copy of your unemployment benefits     | Social Security/Social Security Disability |
| Pension/retirement benefits statement            | General Assistance – all types             |
| Income tax return for previous year              | Medical Assistance statement               |
| Letter of dismissal or layoff from your employer | Other and explain                          |

Caseworker name and phone number \_\_\_\_\_

An application mailed without copies of your income information and proof of qualifying military duty will be incomplete and you may not receive protection from shut-off.

**C. List names of companies that provide you with the following services**

- |         |       |
|---------|-------|
| Gas     | Oil   |
| Propane | Other |

This is a declaration of my request for shut-off protection for electric service. I am willing to make payment arrangements with Itasca-Mantrap to pay off my bill. I have put a \$ amount and a check mark next to my choice below.

- |   |   |
|---|---|
| I can pay (print \$ amount)<br>\$ _____ | Place a check mark by your choice. Use the lines to explain "Other" arrangements.<br><input type="checkbox"/> Weekly _____<br><input type="checkbox"/> Semi-monthly _____<br><input type="checkbox"/> Monthly _____<br><input type="checkbox"/> Other _____ |
|---|---|

**D. This information is true and correct. I give permission to any energy provider or public assistance agency that serves me to exchange billing information with other energy providers, and the Public Utilities Commission for the purpose of program qualification.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are the "Third Party" for the customer whose service is affected by this notice and are submitting this application for that customer, please sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_