



17730 State Highway 371 N
 PO BOX 507
 Brainerd MN 56401
 218.829.2827
 Fax: 218.825.2209
 www.cwpower.com
 info@cwpower.com

Military Service Personnel Application for Protection from Disconnection

Customer Name: _____

ServiceAddress: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Account Number: _____ Total amount due: \$ _____

What is the total yearly income of all persons living in your home? \$ _____

How many people live in your home, including yourself? _____

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.

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

Caseworker name and phone number _____

This is a declaration of my inability to pay for electric service. I am willing to make the following payment arrangements with Crow Wing to pay off my bill.

I can pay \$ _____ , _____ Weekly
 _____ Semi-monthly
 _____ Monthly
 _____ Other _____

This information is true and correct. I give permission to Crow Wing Power to exchange billing information with my other en-ergy providers, or the public assistance agency that serves me, for the purpose of program qualification.

Signature _____ **Date** _____

If you are the "Third Party" on behalf of the customer named above, please sign below.

Signature _____ **Date** _____

Have you applied for Energy, Fuel or Emergency Assistance?

If you have received Energy Assistance within the past 12 months, you are eligible for Military Service Personnel protection. Please call 800.648.9401 to sign up.

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 DISCONNECTION.

Mail completed form to: Crow Wing Power - PO BOX 507 Brainerd MN 56401