



ITASCA-MANTRAP
ELECTRIC COOPERATIVE

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 you self? _____
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
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) \$ _____	Place a check mark by your choice. Use the lines to explain "Other" arrangements.	
	<input type="checkbox"/> Semi-monthly	_____
	<input type="checkbox"/> Weekly	_____
	<input type="checkbox"/> Monthly	_____
	<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 _____