



## Energy Suppliers Information

Utility Supplier Name \_\_\_\_\_ Account # \_\_\_\_\_

Account Holder \_\_\_\_\_

Is your gas and utility through the same supplier company or different?

- Same                       Different *-if different, please provide the following information.*

Gas Supplier Name \_\_\_\_\_ Account # \_\_\_\_\_

Account Holder \_\_\_\_\_

**Please note:** Submitting a complete application and all the required documents to the Vang Council of La Crosse is essential. Failing to provide all the necessary information and documents can delay processing your application and paying the supplier. To avoid complications, carefully review the application requirements and promptly provide all requested materials. If you have any questions or need clarification on what documents are required, please contact the Vang Council of La Crosse for assistance.

By signing this application, I agree that all information provided is accurate to the best of my knowledge. I agree with the terms and conditions of Vang Council of La Crosse's Utility Assistance Program. I acknowledge that if my application is approved, Vang Council of La Crosse will only pay a one-time \$400 toward one of the suppliers, I've indicated above.

I acknowledge that a photocopy of my ID or driver's license, proof of gross income, and the energy suppliers' information must be submitted along with this application to the Vang Council of La Crosse.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Office use only.*

<b>Date received of application</b> _____	<b>Reviewed application</b> _____
<b>Status:</b> ____ Approved                      ____ Denied	
<b>The amount being remitted to Suppliers:</b>	
<b>Xcel or Riverland</b> <b>Check#</b> _____	<b>Mail out date</b> _____
<b>Staff Signature</b> _____	<b>Date</b> _____



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## Utility Assistance Program Income Eligibility Guidelines

(Must live in La Crosse County)

<b>Family Size</b>	<b>Annual Gross Income</b>
1	\$25,142
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266
Each additional member	+\$8723

Based on 185% of the US Department of Health and Human Services Poverty Guidelines.