

# Inability to Pay Declaration Form

This is a declaration of my inability to pay for utilities during the cold weather months.  
I propose to make payment arrangements with BPPU.

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Account Number from your bill: \_\_\_\_\_ Household Size \_\_\_\_\_

Total Amount you owe: \_\_\_\_\_

To be considered for Cold Weather Rule protection, please include proof of monthly or annual gross income for all persons in your household.

Total annual household income: \_\_\_\_\_ (Attach verification of income)

Source of Income:

- |  |  |
|--|--|
| *Payroll Check Stubs for the past three months | *MFIP (MN Family Investment Program)         |
| *Current copy of your unemployment benefits    | *Social Security Income/Disability           |
| *IncomeTax Return from previous year           | *Food Stamps/MSA/Children's Health           |
| *Pension/Retirement benefits statements        | *General Assistance                          |
| *Medical Assistance statement                  | *Letter of dismissal or layoff from employer |
| *Other (specify)                               | *Copy of current Gas Bill                    |

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

Do you have medical emergency situations in your home?      \_\_\_ Yes                      \_\_\_ No

By signing this form, I hereby acknowledge that I have received, read and understand the Notice of Residential Customer's Rights and Possible Assistance. I declare that the above information is true and correct.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_