|  |
| --- |
| **Minnesota Cold Weather Rule**  **Annual Notice of Residential Customer Rights & Responsibilities** |
| **City of Brownton Municipal Utilities**  335 3rd St S  Brownton, MN 55312  (320) 328-5318  www.cityofbrownton.com |
| **2023 Max Energy Assistance**  **Program Income Guidelines**  **EAP eligibility is based on the three most recent months of income**   |  |  |  | | --- | --- | --- | | Household Size | Maximum  3 Month Income | Maximum  Annual  Income | | 1 | $ 7,643 | $30,572 | | 2 | $9,994 | $39,979 | | 3 | $12,346 | $49,386 | | 4 | $14,698 | $58,793 | | 5 | $17,050 | $68,200 | | 6 | $19,401 | $77,607 | | 7 | $19,842 | $79,371 | | 8 | $20,283 | $81,135 |   \*Replace or clean your furnace filters monthly.  \*Don’t block heating vents, radiators, or registers with furniture or clutter.  \*Lower the setting of your hot water heater to 120 degrees F.  \*Open shades during winter days for passive solar heat and close them at night and in summer, use shades to block out direct sunlight during the day.  \*In the winter lower your thermostat in the evening.  \*Wash your laundry in cold or warm water, not hot. |

enter into a payment schedule, contact COB immediately to arrange a schedule. (This payment schedule may be arranged by your designated Third Party.)

**THE RESPONSIBILITY** of making payments as agreed or promptly notifying COB why you cannot keep the agreement. You may then request that the original payment schedule be changed. Any change is initially subject to COB’s approval.

**THE RIGHT** to request that the utility notify a Third Party if your service becomes subject to disconnection. If you have requested Third Party notification, a copy of this notice has been sent to the third party.

Disputes regarding the previously listed options can be appealed to City of Brownton Utilities during regular business hours at 335 3rd Street S. Brownton, MN 55312.

**Where can you receive financial assistance?**

If you need help paying your gas or electric utility bills, you may qualify for state or federal fuel assistance. For complete qualifications and application information, contact your local county human services office or these organizations may also be able to help.

**United Community Action Agency**

218 Main St S Suite 103

Hutchinson MN 55350

320-587-5244 or 800-829-2132

800-992-1710 (Willmar)

**Common Cup Ministry**

105 Second Avenue SW #2

Hutchinson MN 55350

320-587-2213

**McLeod County Social Service**

1805 Ford Ave N Ste 100

Glencoe MN 55336

320-864-3144 or 800-247-1756

Fax: 320-864-5265

**Salvation Army HeatShare Program**

1-800-842-7279

**Notice of Residential Customer**

**Rights and Responsibilities**

The Cold Weather Rule is a Minnesota law identified in state statute 216B.097. If a customer's account is current as of October 1, a utility must go through certain steps before disconnecting a customer's service. The rule applies from October 1 through April 30.

The purpose of this notice is to inform you of your rights and responsibilities under the Cold Weather Rule. These rights and responsibilities are designed to help you with winter utility bills. You must act **PROMPTLY**! If you choose not to assert your rights or choose not to enter into a mutually acceptable payment schedule, your service may be disconnected.

**The Cold Weather Rule provides you with the following rights and responsibilities:**

**THE RIGHT** to declare your inability to pay your utility bill. If you do so, you must enter into a payment schedule with City of Brownton Municipal Utilities (COB) to maintain your utility service. You have the right to appeal any proposed disconnection to COB. You will have to provide COB proof that you are unable to pay and were current in payments to the utility. If you appeal a disconnection, your service will not be disconnected until the appeal is resolved. Appeals are resolved locally.

**THE RESPONSIBILITY**, if you choose to declare inability to pay, to complete the "Inability to Pay" form on the other side of this brochure and return it to COB within 10 days of Notice of Disconnection. If you have proof that you are receiving any form of public assistance, you do not need to fill out the Inability to Pay form but you must contact COB to arrange a payment plan.

**THE RIGHT** to a mutually acceptable payment schedule with COB. This payment schedule will cover your existing arrears plus the estimated usage during the payment schedule period. If you are able to pay but still wish to

If you are the `Third Party' for the customer whose service is affected by this notice and are submitting *this for that customer*, please sign here:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

***THIRD PARTY NOTIFICATION FORM***

If you have been issued a notice of disconnection, you may want to alert a third party (friend, relative, church group, or community agency) that a disconnection notice has been Issued to you. The third party will not be responsible to pay your bill. The third party does have the right to contact City of Brownton and provide information or work out a payment agreement.

If you want a third party to be notified of the potential disconnection, please complete the following and return it to City of Brownton.

Customer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location ID# \_ \_ \_ \_-\_ \_ \_ \_ \_ \_-\_ \_ \_ \_-\_ \_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Party Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Party Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Third Party Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Third Party Signature Date*

The utility has my permission to provide information to & accept information from the Third Party named above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Customer Signature Date*

This request will not be accepted without the Third Party's signature. The customer making the request understands that the utility assumes no liability for failure of third party to act upon notification.

**Application for Winter Disconnect protection**

INABILITY TO PAY DECLARATION FORM

IF YOU CAN'T PAY YOUR BILLS AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUT¬OFF, fill out this form & return it to the City of Brownton immediately along with payment plan below and required documentation. Please print:

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APT#\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_ ZIP\_\_\_\_\_\_\_ Daytime Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION ID (from your bill) \_\_ \_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_-\_\_ \_\_

TOTAL AMOUNT YOU OWE $\_\_\_\_\_\_\_\_\_\_\_\_

Total annual (yearly) household income $ \_\_\_\_\_\_\_\_ Number of persons in household (include yourself)\_\_\_\_

*You must enclose with this application the required income information for all persons in the home*: (Circle one) Employment AFDC (MFIP or DWP)/General Assistance/SNAP/MA

SSI/MSA Disability/Social Security/Pension Other & explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle if any apply: Elderly (over 65) Person in Residence Medical emergency Disabled person in residence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Payment Arrangements (inability to pay):**

I am applying for: \_\_\_\_\_\_Inability to Pay

\_\_\_\_\_\_ Request for 10% Payment Plan (You must pay at least 10% of your monthly income or the full amount of your current bill, whichever is less in the cold weather months. This amount would not include any arrears.)

I propose to pay my outstanding and future bills according to the following schedule of payments:

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (date) \_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I hereby acknowledge that I have received, read and understand the Notice of Residential Customer's Rights and Responsibilities. I declare that the above information is true and correct. I give my permission to any energy provider or public assistance agency that serves me to exchange income and billing information with other energy providers or public assistance agency that serves me to exchange income and billing information with other energy providers and my utility for the purpose of program qualification.

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