Gas Affordability Program application form

CenterPoint Energy®

Offered by CenterPoint Energy. Administered by the Energy CENTS Coalition.

YOU MUST COMPLETE AND SIGN THIS FORM TO APPLY (PLEASE PRINT) You can also apply online at CenterPointEnergy.com/GAP.

Name(s) on account

Service address

City ZIP Phone ( )

CenterPoint Energy account number: ☐☐☐☐☐☐☐☐☐☐☐–☐

Your account number may be eight or eleven digits. You can find your account number on your bill. We cannot process your application without your account number. If you do not know your account number, call 612-372-4727 or 800-245-2377.

INCOME INFORMATION

Please include income from ALL sources (except food stamps) and for ALL household members.

What is your total yearly household income? $ Per year

What was your total household income for the past three months? $

How many people live in your household? Do you own or rent? OWN / RENT

Check the box that best describes your home: ○ House ○ Townhouse ○ Duplex ○ Triplex ○ Fourplex ○ Apartment ○ Condominium ○ Mobile home ○ Other

By signing this document, I am applying for the Gas Affordability Program and am agreeing to the following:

- I have received Energy Assistance this heating season from the Low Income Home Energy Assistance Program (LIHEAP) for the current federal fiscal year.
- If it is determined that my payment is already less than 4 percent of my annual household income, I will not be eligible for the GAP program.
- I allow CenterPoint Energy to use payment information to evaluate the program.
- I allow the Energy CENTS Coalition to obtain necessary account information from CenterPoint Energy, including LIHEAP status, to process my GAP application.
- I allow Energy CENTS Coalition to contact me about CenterPoint Energy's conservation programs.
- I must make my monthly bill payment in order to stay in the program, to receive credit toward past due amounts and to prevent service disconnection.
- Enrollment in the program is based on a first-come basis.
- I will notify CenterPoint Energy if there are changes in my income or my address.
- Enrollment in this program will automatically cancel my Average Monthly Billing enrollment or any other previously agreed upon payment plan.

All adults living in your household listed on the LIHEAP application must sign below.

Signature Date

Signature Date

QUESTIONS? Call the Energy CENTS Coalition at 651-774-9010 or toll-free 888-774-9070.
Mail or fax to Energy CENTS Coalition, 823 E. 7th St., St. Paul, MN 55106, 651-774-0445.
Or visit EnergyCents.org.

ENERGY CENTS COALITION
Commit Energy Now to Survive

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