



**"First in Service"**

## Residential Income Assistance Credit Self Attestation

### CUSTOMER INFORMATION

|   |                                    |
|---|------------------------------------|
| Name on Energy Account/Account Holder's Name:       | Energy Account Number (XXXXX-XXX)  |
| Address of Residence (Street Address):              |                                    |
| Household annual income (income from all occupants) | Number of individuals in household |

When service is provided to a residential Customer, where total household income does not exceed 150% of the Federal Poverty, a credit shall be applied during all billing months. The total household income is verified when the **customer has provided proof** they have received, or are currently participating in, one of the following in the past 12 months.

- State Emergency Relief payment (SER)
- I have received a Home Heating energy draft within the last 12 months
- I currently receive Medicaid
- I currently receive Supplemental Nutrition Assistance Program (SNAP)
- My household income is under 150% of the Federal Poverty Level

### CUSTOMER SELF ATTESTATION SIGNATURE

If you are eligible for the Residential Income Assistance credit, you will receive the credit for 12 months from the date Alpena Power finalizes this form and updates your account. If a credit balance occurs, the credit shall apply to your future utility charges, refunds for the credit will **not** be issued.

This form will be valid for 12 months. To remain in the program annually, it is your responsibility to resubmit an attestation form before the prior one expires.

By signing this document, I attest that the above information is correct.

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

\_\_\_\_\_  
Date

**RETURN THIS FORM TO ALPENA POWER COMPANY'S office**

at 401 N 9<sup>th</sup> Avenue, Alpena, MI 49707

Company use only

Received by Alpena Power \_\_\_\_\_ Entered on customer acct \_\_\_\_\_  
Date

P.O. Box 188 401 N. 9<sup>th</sup> Ave. Alpena, MI 49707-0188 (989) 358-4900 (866) 358-4900  
[www.alpenapower.com](http://www.alpenapower.com) Administrative Fax: (989) 358-4990 Customer Service Fax: (989) 358-4944

The **mission** of Alpena Power Company is to provide in a responsible and environmentally compatible manner: For our customers, high **quality**, low cost services: For our employees, continuing **development** in a productive workplace; and for our shareholders, a fair rate of **return** on their investment.