

Notice of Residential Customer Rights and Possible Assistance

Important Fuel Assistance, Cold Weather Rule and Disconnect Policy Information

This notice informs you of your rights and responsibilities under the Cold Weather Rule. They are designed to help you with high winter electric bills. You must act PROMPTLY. If you choose not to assert your rights or choose not to enter a mutually acceptable payment plan, your service may be disconnected.

An electric cooperative must not disconnect and must reconnect the utility service of a residential customer during the period between October 15 and April 15 if the disconnection affects the primary heat source for the residential unit and all the following conditions are met:

- (1) The household income of the customer is at or below 50 percent of the state median household income. Income verification can be obtained on the Income Verification Form (reverse side of this form) or obtained from the local energy assistance provider. A customer is deemed to meet the income requirements of this clause if the customer receives any form of public assistance, including energy assistance, that uses an income eligibility threshold set at or below 50 percent of the state median household income;
- (2) A customer enters into and makes reasonably timely payments under a payment agreement that considers the financial resources of the household and
- (3) A customer receives referrals to energy assistance, weatherization, conservation, or other programs likely to reduce the customer's energy bills.

If a residential customer must be involuntarily disconnected for failure to comply with the above, the disconnection will not occur: (1) On a Friday, unless you decline to enter into a payment agreement offered that day in person or by personal contact. (2) On a weekend, holiday, or the day before a holiday; (3) When the utility offices are closed; (4) After the close of business on a day when disconnection is permitted, unless a field representative who is authorized to enter into a payment agreement, accept payment and continue service, offers payment agreements. (5) Until at least twenty (20) days after the postmark on the notice to disconnect or until fifteen (15) days after the notice and information has been personally delivered.

Prior to the disconnection of service, a customer has the RIGHT to appeal the disconnection of service to the Runestone Electric Association Board of Directors. If you choose to appeal, you must deliver or mail a personal letter stating your situation and issues in dispute. Your letter must be in our hands before the date of disconnection. You will be notified when the Board of Directors will review your appeal and you may be present at the review. No disconnection of service will take place during the appeal process.

Energy Assistance Providers Serving Runestone Electric Association:

- **Douglas, Grant, Pope and Stevens Counties:**
West Central Minnesota Communities Action, Inc – (218) 685-4486 or 1-800 492-4805
- **Todd County Social Services** – (320) 732-4516 or 1-888-838-4066
- **Otter Tail County:**
Mahube-Otwa Community Action Partnership, Inc. – 1-888- 458-1385
Detroit Lakes: (218) 847-1385
Fergus Falls: (218) 739-3011

Income Verification Form on back side

Read the Notice of Residential Customer Rights and Possible Assistance on the other side BEFORE completing this form.

IF YOU DO NOT MEET ALL THE CONDITIONS OF THE COLD WEATHER RULE AS OUTLINED ON THE REVERSE SIDE, YOU DO NOT QUALIFY FOR WINTER SHUTOFF PROTECTION. However, you still can continue to receive electric service if you call us to set up a mutually acceptable payment arrangement. Call Runestone Electric Association at 1-800-473-1722 BEFORE the due date.

IF YOU MEET ALL OF THE CONDITIONS OF THE COLD WEATHER RULE, CAN'T PAY YOUR ELECTRIC BILL, AND NEED COLD WEATHER PROTECTION FROM UTILITY SHUTOFF, fill out the Income Verification form below and return it to REA immediately.

Income Verification Form
(Fill out completely - please print)

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: () _____ Work Number: () _____

Account Number(s): _____

Total amount owing: \$ _____ Total annual household income: \$ _____

Number of persons in household (including yourself): _____

Check the type of income information enclosed with this application (this must include all persons in the household).

- Your payroll for the past two months
- Unemployment benefits
- Pension/retirement benefits
- Income tax return (previous year)
- Social Security
- Medical assistance
- General assistance
- Other (please explain):

I'm willing to make payment arrangements, approved by REA, indicating my choice and dollar amount below:

Weekly \$ _____ Monthly \$ _____ Other \$ _____

Do any of the following exist in your home:

- Medical emergency
- Disabled person in residence
- Medically necessary equipment

By signing this form, I hereby authorize any gas or electric utility that serves us to exchange billing information. I acknowledge that I have received, read and understand the enclosed Notice of Residential Customers Rights and Possible Assistance. I attest the above information is true and correct.

Signature: _____ Date: _____

NOTE: Applications mailed without copies of your income information are incomplete and may not receive protection from shut off.

Please mail, fax or email this application to:
Runestone Electric Association
6839 Power Lane SW
Alexandria, MN 56308
(320) 762-1121 or (800) 473-1722
Fax: (320) 763-4149
rea@runestoneelectric.com