

RESIDENTIAL INCOME ASSISTANCE CREDIT SELF ATTESTATION



CUSTOMER INFORMATION

Name on Energy Account/Account Holder's Name:	Energy Account Number (xxxx-xxxx-xxxx):
Address of Residence (Street Address):	
Household annual income:	Number of individuals in household:

Please check all that apply:

- 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) benefits
- My household income is under 150% of the Federal Poverty Level

CUSTOMER SELF ATTESTATION SIGNATURE

If you are found to be eligible for the Residential Income Assistance Credit, you will receive it for 12-months. If a credit balance occurs, the credit shall apply to your future utility charges.

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

Customer Signature:	Date:
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RETURN THIS COMPLETED FORM BY MAIL, EMAIL OR FAX TO:

Mail	Consumers Energy Energy Assistance Team PO Box 30162 Lansing, MI 48909-7662	Email	EnergyAssistance@cmsenergy.com
		Fax	517-325-8227