



RECare Application

Applicants must meet all of the following qualifications:

- The applicant(s) must be a current MiEnergy Cooperative member who has an active account in their name for at least six months.
- The member must also reside in the Cooperative’s service area.
- A member is qualified by low income level, which is established by the State of Iowa.
- The money, if granted, is applied to the active electric account to be used for electric service only. No funds or refunds are disbursed to the individual.
- The program year runs from July 1 - June 30. Applicants must reapply yearly.

Assistance is offered per household with the minimum amount being \$50.00 up to a maximum of \$200.00 per year.

If you meet all of the qualifications above, please fill out the following:

1. Annual income level percentage certified by Iowa Community Action Agency: _____%
2. Please check any other factors that may apply:
 - Electric heat is main source of heat. List type of heating equipment: _____.
 - Loss of an income support person for this electric account. Must be a minimum of 30 days or longer. This may be due to a death or incarceration. Member’s name: _____.
 - Financial condition due to a natural disaster. Date and type of disaster: _____.
 - Disability for minimum of 30 days or longer. **Attach letter from physician.
 - Loss of employment for over 2 months. Seasonal employment does not apply.
 - Paid at least 25% of outstanding electric bill balance during winter moratorium.

MiEnergy Cooperative Account #: _____ Date: _____

Member Name (Please Print): _____ Signature: _____

***By signing this application I authorize Iowa Community Action to provide MiEnergy Cooperative my income eligibility information.**

Community Action Agency authorized representative:

Name (Please Print): _____ Signature: _____

----- *For Internal Use Only* -----

Amount of bill credit: \$ _____ Date credited to account: _____