RESIDENTIAL INCOME ASSISTANCE CREDIT SELF-ATTESTATION

SEMCOENERGY GAS COMPANY

CUSTOMER INFORMATION	
Name	**Account Number**
Service Address	
Household Annual Income	**Number in Household**

Please check all that apply:	
	I have received a Home Heating Credit within the last 12 months
	I have received a State Emergency Relief payment from MDHHS 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

For 12 months following confirmation of eligibility for the Residential Income Assistance Credit, the RIA credit will be applied and reflected on your bill. 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:

COMPLETE THIS FORM BY PHONE OR RETURN BY MAIL/EMAIL			
PHONE	810-887-4867	**MAIL**	SEMCO ENERGY Attn: Assistance PO BOX 5004 Port Huron, MI 48061
EMAIL	Assistance@semcoenergy.com		