



# Winter Termination Program Self-Certification Form

As an alternative to verbally advising their utility company of their eligibility to receive protection under the Winter Termination Program, customers may complete this Self-Certification form and submit the form to their utility company(ies). It is recommended that a copy of this form be retained by the customer for their records. **Please note that completion and submission of the Self-Certification form to your utility company is NOT required in order to receive protection under the Winter Termination Program. Protection under the Winter Termination Program can be obtained by verbally advising your utility company(ies) of your eligibility or by submitting this Self-Certification form to the utility company.**

Upon submitting this form, you will receive a copy via email, and your utility company will be notified.

## Household Information

Please enter the head of household's information, as well as the street address of your home below.

First Name \*

Last Name \*

Household Address \*

Email Address \*

Phone Number

## Utility Information

In this section, please tell us about the utility companies that provide service to your home. If you receive an electric bill from one provider and gas from another, please provide both accounts below.

How many utility companies are you a customer of? \*

- 1       2

Please select the utility company you are a customer of (Company 1). \*

Utility Account Number for Company 1

## Qualification

In this section, you will answer questions about your qualifying circumstances, and how you may qualify for participation in the Winter Termination Program.

Do you currently receive public assistance? \*

If your household participates in programs such as TANF, HEAP or SSI you receive assistance and could qualify for Winter Termination Program protection.

- Yes  
 No

Are you unable to pay your utility bill due to circumstances beyond your control? \*

If you were laid off, had an illness or suffered a financial hardship you could qualify for Winter Termination Program protection.

- Yes  
 No

I certify the foregoing statements made by me are true. I understand that if any of the foregoing statements made by me are willfully false, I am subject to punishment in accordance with law \*

Signature \*



Signer's Name

Type Draw Upload Clear

Date \*

11/25/2025

Captcha Verification

I'm not a robot

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Submit