



2026 Gas Affordability Program Application Form



YOU MUST COMPLETE AND SIGN THIS FORM TO APPLY

(Please Print)

Name(s) on account: _____

Service Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

► **GREAT PLAINS ACCOUNT NUMBER** (Must be Included): _____

The account number can be found on the upper right side of your bill. If you do not know your account number, contact Great Plains at 1-877-267-4764. There will be a delay if you do not include your account number.

► **INCOME INFORMATION**

Please include income from **ALL** sources (except food stamps) and for **ALL** household members. Wages for children in grades K-12 are not counted.

- What is your total yearly household income: \$ _____ Per Year
- What was your total household income for the past three months: \$ _____

By signing this document, I am applying for the Gas Affordability Program (GAP). I understand that by doing so I am agreeing to the following:

- I agree to be placed on a levelized payment plan and payment schedule calculated by Great Plains.
- I agree that I have received a Low Income Home Energy Assistance Program (LIHEAP) grant for the current heating season.
- I agree to allow Great Plains Natural Gas Co. (Great Plains) to use payment information in the evaluation of the program.
- I agree to allow The Salvation Army to obtain account information, including LIHEAP status, from Great Plains Natural Gas Co. necessary to process this application for the 2026 Gas Affordability Program year.
- If you fail to pay two consecutive monthly payments in full under the GAP, you will be terminated from the GAP and will be subject to Great Plains' regular collection practices including the possibility of disconnection.
- I understand that enrollment for the program is based on a first-come basis.
- Income information is handled confidentially through the third party vendor, The Salvation Army.
- I agree to notify Great Plains if there are changes in my income, household size, or if I move.
- I understand that enrollment in this program will automatically cancel me from the Balanced Billing Plan enrollment or any other previously agreed upon payment plan.
- After approval of your LIHEAP grant, qualified customers' GAP benefits will begin on or after January 1, 2026.

► **QUESTIONS? Call Great Plains Natural Gas Co. at 1-877-267-4764 to answer your questions about the GAP program, or call The Salvation Army at 1-888-733-8033 for additional assistance or with questions regarding this application.**

If this application is not fully completed, it will delay your enrollment in the program.

All adults living in your household listed on the LIHEAP application must sign below.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

MAIL TO: The Salvation Army
GAP Program
2445 Prior Avenue N
Roseville, MN 55113