

For Office Use Only

HH #: _____

Grant Amount: _____

Amount: _____ Vendor: _____

1 2 3 4

Amount: _____ Vendor: _____

1 2 3 4

2011-2012 MINNESOTA ENERGY PROGRAMS APPLICATION



Northwest Community Action, Inc.
312 North Main Street
PO Box 67
Badger, MN 56714
Toll Free: 1-800-568-5329
Phone: 218-528-3258
Fax: 218-528-3259
Website: www.northwestcap.org



Before completing this application, carefully read the enclosed "Your Rights and Responsibilities" and Instructions.

Part 1. Personal Information - Verify all preprinted information is correct. Enter changes as needed.

Your Social Security Number:

Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i) USE: The State will use Social Security Numbers in the administration of the LIHEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for families in need.

Your Name:

First Name M.I. Last Name

Home Address:

Street Apt. # City State Zip Code
MN

Mailing Address (if different from Home Address):

Street or PO Box Apt. # City State Zip Code
MN

County: _____ Township: _____

Home Phone:

(____) _____

Daytime or Other Phone (if different from home phone):

(____) _____

Primary language spoken in home:

E-mail address

Authorized Representative: An "Authorized Representative" is someone you give permission (in writing) to act for you. This person will receive all of your mail for this program, if you include their address.

First Name _____ Last Name _____ Phone (____) _____

Street or PO Box Apt. # City State Zip Code
MN

YOU MUST SIGN AND DATE THIS APPLICATION AT THE BOTTOM OF THE LAST PAGE.

Part 2. Household Information

INCLUDING YOURSELF, LIST ALL HOUSEHOLD MEMBERS.

First Name, Middle Initial & Last Name	Social Security Number	Date of Birth MM/DD/YYYY	Race	His-panic Y/N	Sex M/F	Dis-ability Y/N	Years Of School	Have Income Y/N
1. (self)	(required)	/ /						
2.		/ /						
3.		/ /						
4.		/ /						
5.		/ /						
6.		/ /						
7.		/ /						
8.		/ /						

Attach a separate sheet if necessary for any additional household members.

Race: A=Asian B=Black or African American I=American Indian or Native Alaskan
 O= Native Hawaiian or Other Pacific Islander W= White or Caucasian

Is anyone in your household currently a board member or employee of this agency? Yes No

How many people in your household had income in the past 3 months? _____

SOURCES OF INCOME AND OTHER ASSISTANCE (Check all that apply for your household and send income proof.)

<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security or Social Security Disability	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Self-Employment/Farm Income	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> MFIP
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Long/Short-term Disability	<input type="checkbox"/> Food Support (is not income)
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Retirement Income	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Alimony or Spousal Support
<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Earned Income Credit (not counted as income)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Contract for Deed Interest	<input type="checkbox"/> Tribal Bonus, Judgments or Per Capita Payments	<input type="checkbox"/> No Income (see Instructions and contact local EAP agency)
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> MN Supplemental Aid (MSA)	

Send Copies of Proof of Gross Income for the Past 3 Complete Months
 for all household members except wages for children in grades K-12

If self employed send a copy of your Federal tax return. When did you start your business? Date ____ / ____ (mo/yr)
 Contact your local energy assistance program agency if less than two years.

Your application will be delayed if you do not include proof of income.

Applications must be signed (last page) and postmarked or received on or before May 31, 2012.

If you sign application in:	Send Proof of income for the months of:
Aug. 2011	May, June, July 2011
Sept. 2011	June, July, August 2011
Oct. 2011	July, August, Sept. 2011
Nov. 2011	Aug., Sept., Oct. 2011
Dec. 2011	Sept., Oct., Nov. 2011
Jan. 2012	Oct., Nov., Dec. 2011
Feb. 2012	Nov., Dec. 2011, Jan. 2012
March 2012	Dec. 2011, Jan., Feb 2012
April 2012	Jan., Feb., March 2012
May 2012	Feb., March, April 2012

For EAP, you must not exceed these income guidelines for 3 months (See Instructions for Weatherization Income Eligibility Guidelines):

Household	
Size	Income
1	\$5,596
2	\$7,318
3	\$9,040
4	\$10,762
5	\$12,484
6	\$14,206

Part 3. Housing Information

<p>Type of Housing: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Other _____</p> <p>How long have you lived in your current home? ____ Years ____ Months</p> <p>How much do you pay each month for rent or mortgage? \$ _____</p>	<p>Renters: Do you get a rent subsidy or do you live in subsidized housing? <input type="checkbox"/>Yes <input type="checkbox"/>No Is heat included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No Is electricity included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No Landlord's Name: _____ Phone: _____ Address: _____</p> <hr/> <p>Homeowners: Do you own or are you buying your home? <input type="checkbox"/>Yes <input type="checkbox"/>No Are you having problems with your furnace? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please describe problem: _____ (Keep our phone number and call us if you have furnace problems.)</p> <hr/> <p>Self-employment: If you are self employed, is the business at your home? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, what kind of business and what work is done in your home or on your property? _____</p> <hr/> <p>Do you rent out part of your home to anyone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
--	--

Part 4. Heat Sources (Electricity is only a heat source when used to provide the heat to one or more rooms.)

Put "1" by the heating fuel you use the most and "2" by other heating fuels you use to heat your home.

Oil Propane/LP Wood Pellets Municipal Steam
 Natural Gas Electricity Corn Other Biofuel St. Paul Dist. Heating

Would you like 30% of your energy assistance benefit paid on your electric bill? YesNo

WHAT ENERGY COMPANIES SUPPLY HEAT AND ELECTRICITY TO YOUR HOME?

	Heating No. 1	Heating No. 2	Electric
Company name:			
Name on Account:			
Account number:			

SEND THE MOST RECENT COPIES OF YOUR HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION

If you heat with wood, pellets, corn or other biofuel, answer the next 3 questions:

- How many bedrooms are in your home? _____ **(Circle the percent of heat from wood, corn, pellets, other.)**
- Do you cut your wood or grow fuel corn? Yes No
- What percent of your heat does this supply? (use table)

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Use sometimes			Half of the time			Almost Always			All

If you are not registered to vote, would you like a voter registration card? Yes *(You do not have to answer this question)*

Part 5. Local Questions

If someone in your home is over 18 years old without income, please explain: _____

Write in this area any other information that would better explain your household situation so your application can be processed as quickly as possible: _____

Interest Income

Did anyone receive at least \$200 yearly interest or \$50 interest for the past 3 months? Yes No

If Yes, send either a copy of your recent 1099 form listing yearly interest, or bank statements showing the past 3 months interest.

Head Start

If you have young children between the ages of birth – 5 years of age, are you interested in receiving information about our Head Start programs? Yes No

Food Support

Are you interested in receiving information on the Food Support Program? Yes No

Part 6. Consent and Signature for October 1, 2011 to September 30, 2012

1. I give my consent for my heating and electric companies to give data about my account and energy use to the Minnesota Department of Commerce (DOC) and DOC's contractors for the Energy Assistance (EAP) and Weatherization Programs (WAP) and the Conservation Improvement Program (CIP).
2. I allow the Social Security Administration and the Minnesota Department of Human Services (MDHS) and its agencies to share data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits with DOC and DOC's contractors for the Energy Assistance, Weatherization Assistance and CIP Programs.
3. I allow Minnesota EAP and WAP to:
 - Contact my employer to verify my income.
 - If I rent, to contact my landlord to confirm my residency and/or heating source.
4. I allow my local EAP and WAP Service Providers to contact me for outreach and referral.
5. My signature below affirms the data in this application is correct. I know:
 - I may have to prove my statements.
 - I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
 - I have rights under the energy programs. I have received a copy of "Your Rights and Responsibilities."
 - I may appeal agency decisions about my benefits.
 - I understand that filling out this application does not guarantee that my household will receive assistance.

<p>Print Name: _____</p> <p>Signature: _____ Date: _____</p>
--

We must receive your application within 60 days of the date you sign it and this application must be postmarked or received by May 31, 2012. (Funds may not last, apply early.)

INSTRUCTIONS FOR COMPLETING 2011-2012 MINNESOTA ENERGY PROGRAMS APPLICATION

These instructions help you complete your 2011-2012 Energy Assistance Programs Application. The application is used to apply for the Energy Assistance Program, Weatherization Assistance Program and the Conservation Improvement Program.

The Minnesota Energy Programs Application is available in Spanish or in large print by asking for the application from your EAP Service Provider or by printing from www.energy.mn.gov.

To apply for Energy Assistance Programs, you must send us:

- The completed application with all questions answered and the last page signed and dated.
- Copies of proof of income for each household member for the past three calendar months.
- A copy of your last heating bill and the last electric bill you received.
- A copy of your last fuel receipt if you use delivered fuel for heating.

Failure to provide required documents may result in delay or denial of your application.

PART 1. Personal Information: Fill in your Social Security Number (SSN), name, address, phone number, and contact information. If the **primary household member/applicant** does not provide a verifiable SSN, your application cannot be processed. Contact your local EAP Service Provider if no one in your household is able to provide an SSN. An alternative legal document number may be allowable.

Authorized Representative: An "Authorized Representative" is someone you give permission (in writing) to act for you for these programs. This person receives your energy assistance program mail if you include their address on the application.

PART 2. Household Information: Fill in all the information for everyone living in your household. ALL people living in the home are household members if they share the kitchen or other living areas in the home. Live-in Care Providers may be excluded as household members with documentation from a health care provider that daily medical care is required.

The Social Security Number for other persons in the household is requested (optional). Non-custodial parents may include their minor children under age 18 as household members.

Sources of Income and Other Assistance:

- Mark (x) all sources of income for all members of your household.
- Report all income and all money received by each household member in the last 3 months.
- Attach copies of proof of income for each person living in the household for the previous 3 full calendar months prior to the month you apply.

Proof of Income by type:

- **Employed:** Check stubs or a written statement signed by your employer stating gross wages.
- **MFIP, DWP, MSA, GA:** Statement showing monthly grant awards or bank statements.
- **Spousal Support or Alimony:** Checks, bank deposits, divorce decree or a note signed by the payer stating the amount and dates of received payments.
- **Disability Payments, Veteran's Benefits, Workers' Compensation, Social Security, RSDI and SSI:** Award letters, bank statements showing direct deposits or copies of the check(s).
- **Unemployment Compensation:** Unemployment weekly benefit computer printout from <http://www.uimn.org>. Click on "Log in to My Account" and log in, go to "View and Maintain My Account", then "Payment Information", and enter date range for the last four months.
- **Self Employed, Farm, and Rental Income:** Last year's Federal Tax Return. If you did not file taxes or you have been self-employed less than two years, call your EAP Service Provider and request that a form be sent to you. Enter the date your business started in the space provided on page two of the application.
- **Interest, Dividend:** Bank statements or your IRS-1099 or IRS 1040.
- **Retirement Income:** Benefit checks/stubs, bank statements or award letter.
- **Pensions and annuities:** Benefit checks/stubs, bank statements or award letter.
- **Tribal Bonus, Judgments or Per Capita Payments:** Benefit checks/stubs, bank statements or award letter.
- **No Income:** If your household has **no income** and no one is self-employed, call your EAP Service Provider for a **no income form** to complete and send with your application.

(Please send copies of your proofs of income. Originals will not be returned.)

PART 3. Housing Information: Check the type of housing you live in, how long you have lived there and your monthly payment. If you are a **renter**, tell us if you receive a housing subsidy, whether you pay heat or electricity and your landlord's name, phone number and address.

You are a homeowner if you own, are buying your home, have a home mortgage or contract for deed.

Homeowners: If you have a furnace heating problem, we may be able to provide repair services.

Self-employed: If your residence is used for work or you rent out space in your home, complete this section.

PART 4. Heating Sources: Put "1" by the heating fuel you use the most and "2" by all other heating fuels.

- If your home is heated with more than one type of heating fuel, mark all boxes that apply.
- If you use **Electric heat as a heating source**, it must provide most or all the heat to one or more rooms (excluding bathrooms) or provide heat to the entire home. Electric is not a heat source if used just to run the fan in the furnace or the thermostat.
- Wood, corn, pellet or other biofuel users: Enter the number of bedrooms in your home. Do you cut or grow your own wood, corn, pellets or other biofuel? Show how much of your heat it provides.
- Enter the name of the heating and electric company providing energy to your home.
- Include the name on the account **and** the account number.

PART 5. Local Questions: Please complete if the local EAP Service Provider has included questions.

PART 6. Permissions and Signature: Read the permissions carefully. The application must be signed by an adult. Print your name, sign and date the application. Return the application to your local EAP office.

Applications must be received within 60 days of the date signed and must be postmarked or received no later than May 31, 2012.

- ANY missing information may delay decisions regarding your eligibility and benefit amount.
- Your local EAP Service Provider may be able to help you pay your past due energy bills and/or arrange a monthly payment plan with your vendor.
- Your application will be processed as quickly as possible. You will be notified by letter when your application is completed.

Important Notice:

The Energy Assistance Program may provide eligible households with energy crisis assistance. Write down the name and phone number of your local EAP Service Provider and call them if:

- Your energy services are or will be shut-off,
- You are unable to get a delivery of fuel, or
- You own your home and your furnace is not working.

Weatherization Income Eligibility Guidelines

You may be eligible for weatherization if your income exceeds the Energy Assistance Program limits. Weatherization is an energy efficiency program provided at no cost to you. Income eligibility for weatherization is 200% of the Federal Poverty Income Guidelines. Three-month income limits for Weatherization Assistance are listed to the right. For each additional household member, add \$1,910 to the three-month eligibility income.

* Guidelines are subject to change based on federal adjustments.

**Weatherization Program
Income Eligibility Guidelines***

Household	
Size	Income
1	\$ 5,445
2	\$ 7,355
3	\$ 9,265
4	\$11,175
5	\$13,085

Cold Weather Rule Protection If you use natural gas or electricity to heat your home or you need electricity to operate your thermostat or furnace fan, you may be eligible for Cold Weather Rule protection.

- The Cold Weather Rule helps restart your service for the heating season and keep your heat on between October 15 and April 15.
- **To get Cold Weather Rule protection, you MUST contact your energy companies and make and keep a payment plan. If you miss a payment, you lose your protection and you could lose your heat.**
- If you receive energy assistance, you pre-qualify for Cold Weather Rule protection. Energy assistance does not replace what you need to pay.
- Local EAP Service Provider staff can help you make a reasonable payment plan with your energy companies.

Your Rights and Responsibilities

PRIVACY NOTICE

Privacy Act Provisions: Federal and state law require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3) and the Minnesota Government Data Practices Act, Minn. Stat. § 13.04, subd. 2 (the so-called Tennessee Warning).

Please read this *Privacy Notice* carefully before completing and signing the *Minnesota Energy Programs Application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP), Weatherization Assistance Program (WAP) and Conservation Improvement Program (CIP), also known as Energy Assistance Programs.

Why do we collect the information on the application?

We will use your information to research, evaluate and administer the Energy Assistance Programs.

We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

Do you have to give us the information?

You have the right to not give us the information we ask for.

What happens if you give or do not give us the information?

If you give us the information requested on the application, your application will be processed.

If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

Whatever information you do give us will be maintained by us, whether or not your application is approved.

Who may see this information?

The following persons may receive information contained in your energy assistance application if (i) they need access to the application information to do their jobs in connection with the Energy Assistance, Weatherization and Conservation Improvement Programs or (ii) they are otherwise authorized by federal or state law to receive it:

- Local Energy Program Service Providers under contract with the Minnesota Department of Commerce.
- Program auditors as required or permitted by OMB circulars.
- Minnesota Departments of Administration, Commerce, Employment and Economic Development, Human Services, Revenue and the Office of Enterprise Technology.
- United States Departments of Health and Human Services and Energy.
- Minnesota Public Utilities Commission.
- Minnesota Legislative Auditor.
- Persons so authorized pursuant to court order or subpoena.
- Your energy vendor for affordability and Energy Assistance Programs.
- Minnesota Community Action Partnership.
- United States Social Security Administration.
- Other agencies or entities as allowed by federal or state law.

Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the Energy Assistance Programs, weatherization assistance and conservation improvement programs to assure that eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i). The primary applicant is required to provide their verifiable Social Security Number in order to process your application. The Social Security Number of other household members will assist us in processing your application more quickly.

Why do we ask for information about your race?

This is voluntary information. It is compiled and recorded for statistical purposes only. The program cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.

What if you think the facts in your file are wrong?

Talk to your EAP Service Provider about what you think is wrong in your file.

What happens if you give false information?

The Energy Assistance Programs delivery agencies or the Minnesota Department of Commerce may check and verify any of the information you give. You may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements on your application.

You have these responsibilities:

You must tell us if you:

- Received help with your energy bills earlier this winter.
- Move to a new address (tell us within 30 days of the move).
- Change your fuel dealer or gas or electric companies.

You must pay your fuel bills. This program will pay only part of your bills. You must pay the rest.

You have certain rights to get help:

You have the right:

- To apply again if you get turned down.
- To apply for more help if you need it.
- To know what the rules are and how we decide what help you get.
- To receive a response within a reasonable time of submitting all information.
- To appeal within 30 days after you are sent the results of your application if:
 - You are turned down or receive a denial letter and you think we used the wrong facts to make the decision.
 - You do not receive the help you were promised.

How do you complain?

If you think your energy payment was not what it should be or you did not get the services you thought you would, you may contact the local EAP Service Provider listed on the application. If you are not satisfied with their answer, you may write an appeal letter to the local EAP Service Provider. Keep a record of their address and telephone number.

If you are not satisfied with their response to your appeal, write to:

Appeals Officer
Energy Assistance Program
Minnesota Department of Commerce
85 East 7th Place, Suite 500
St. Paul, MN 55101-2198

If you feel you have been treated differently because of your color, race, national origin, religion, sex, age, marital status, political beliefs, or physical, mental or emotional disability, write to one of the following:

Minnesota Department of Human Rights
190 East 5th Street, Suite 700
St. Paul, MN 55101

-OR-

U.S. Department of Health and Human Service
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601

Ask for Assistance:

Call the local EAP Service Provider listed on the application to request the application in Spanish. If you do not understand the information in this document, call your local EAP Service Provider and ask for assistance. Their telephone number is usually listed on the first page of the Minnesota Energy Assistance Programs Application.