

INSTRUCTIONS FOR COMPLETING 2016-2017 MINNESOTA ENERGY PROGRAMS APPLICATION

These instructions help you complete your **2016-2017 Minnesota Energy Programs Application**. The application is used to apply for the Energy Assistance Program (EAP), Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP). The Minnesota Energy Programs Application is available in Spanish or in large print from your local EAP Service Provider or online at <http://mn.gov/commerce/consumers/consumer-assistance/energy-assistance/>.

To apply for the Energy Programs, you must send to your local EAP Service Provider:

- The completed application with all questions answered and the last page signed and dated.
- A copy of proof of income received in the last 3 full calendar months for each household member.
- A copy of your last heating bill and your last electric bill.
- 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, current home address, phone number, and contact information. The primary household member must provide a verifiable SSN to process your application. Contact your local EAP Service Provider if no one in your household is able to provide an SSN. You may be able to provide an alternative legal document number.

Authorized Representative: This is someone you give permission, in writing, to act for you for these programs. If you want this person to receive all your EAP mail, write his/her address on the application.

PART 2. Household Information: Fill in all the information for everyone living in your home. 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 are not counted as household members if you have proof 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 full calendar months.
- Send proof of all gross income received by all people in your household in the last 3 full calendar months before the month you sign your application. Send copies, originals will not be returned.

Proof of Income by type:

- **Wages:** Check stubs or a written statement signed by your employer stating gross wages.
- **MFIP, DWP, GA:** Statement from the county showing monthly amount or bank statements.
- **Spousal Support or Alimony:** Checks, bank deposits, or a note signed by the payer stating the amount and dates of received payments or other proof of amount received.
- **Disability Payments, Veteran's Benefits, Workers' Compensation, Social Security, RSDI and SSI:** Award letters, bank statements showing direct deposits or a copy of the check(s).
- **Unemployment Compensation:** Unemployment weekly benefit printout from 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 5 full calendar months.
- **Self Employed, Farm, and Rental Income:** The first 2 pages of your most recent IRS-1040 tax return. If you did not file taxes or you have been self-employed less than 2 years, call your local EAP Service Provider and ask for a *Self-Employment Form*. 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 local EAP Service Provider for a *Verification of Income & Expenses* form.

****Please send a copy of your proof 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 only used to run the furnace fan or the thermostat.
- Enter the name of the heating and electric company providing energy to your home.
- Include the name on the account and the account number.
- **Wood, corn, pellet or other biofuel users:** Show how much of your heat it provides. Do you cut or grow your own wood, corn, pellets or other biofuel? Enter the number of bedrooms in your home.

PART 5. Permissions and Signature: Read the permissions carefully. An adult household member, 18 years of age and older or emancipated minor, must sign the application. Any other person signing the application must have a Power of Attorney (POA) to act on behalf of the household and must submit a copy along with the application. Return the application to your local EAP Service Provider. Your application must be received within 60 days of the date signed. It must be postmarked or received no later than May 31, 2017.

- 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 heating and/or electric company.
- Your application will be processed as quickly as possible. You will receive a 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 Assistance Program (WAP) Income Eligibility Guidelines

You may be eligible for the Weatherization Assistance Program (WAP) even if your household's income is higher than the EAP limits. WAP provides free home energy upgrades to income-eligible homeowners and renters to help save energy and make your home a healthy and safe place to live. For income eligibility please refer the Minnesota Weatherization Assistance Program at <https://mn.gov/commerce/consumers/consumer-assistance/weatherization> or call 1-800-657-3710

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 reconnect and protect your service between October 15 & 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. The Energy Assistance Program 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.

Privacy Notice and Your Rights and Responsibilities

Privacy Notice

Privacy Act Provisions: Federal and state laws 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 (also referred to as a 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 Programs.

Why do we collect the information on the application?

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

We will keep whatever information you give us, whether or not your application is approved.

Who may see this information?

The following persons may receive information contained in your Energy Programs application if: (i) they need access to the application information to do their jobs in connection with the Energy Programs (EAP, WAP, and CIP), or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with the Minnesota Department of Commerce.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- Minnesota Departments of Administration, Commerce, Employment and Economic Development, Human Services, Revenue and MN.IT Services.
- 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 Rights and Responsibilities

You have certain rights to get help:

- 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.

You have these responsibilities:

You must tell us if you or any member of your household:

- 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 heating and electric bills. This program will pay only part of your bills. You must pay the rest.

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

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

What happens if you give false information?

The local EAP Service Providers or the Minnesota Department of Commerce may check and verify any of the information contained on your application or otherwise provided. You may be denied Energy Program benefits if you provide incomplete or false information. You may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements on your application.

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
Freeman Building
625 Robert Street North
St. Paul, MN 55155
www.humanrights.state.mn.us

-OR-

U.S. Department of Health and
Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue,
Suite 240
Chicago, IL 60601
www.hhs.gov/ocr/civilrights/complaints

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 Programs Application.



For office use only	
HH:	_____
Referral <input type="checkbox"/>	_____
Rep#:	_____
Grant amount:	_____

Please use black ink to complete your application

2016-2017 MINNESOTA ENERGY PROGRAMS APPLICATION

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

Part 1. Personal Information

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 _____

Date of Birth (MM / DD / YYYY) _____

Current Home Address:

Street _____ Apt. # _____
City _____ State _____
Zip Code _____

Mailing Address (if different from Home Address):

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

County _____

Township _____

Home Phone (____) _____

Daytime - Other Phone (____) _____ (if different from home phone) _____

Primary language spoken in home _____

Authorized Representative: If you complete this section, you give the
“Authorized Representative” permission to act for you.

First Name _____

Last Name _____

Telephone Number (_____) _____

If you would like the Authorized Representative to get the mail on behalf of you,
please fill in the address below:

Street or PO Box _____ Apt. # _____

City _____ State _____

Zip Code _____ - _____

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

Part 2. Household Information

LIST ALL HOUSEHOLD MEMBERS STARTING WITH YOU.

1. Household member (self)

- First Name _____ Middle Initial _____

- Last Name _____

- Social Security Number (required) _____

- Date of Birth (MM / DD / YYYY) _____

- Race (Enter the letter from the list below) _____ Hispanic Yes No

A=Asian, W= White, P= Native Hawaiian or Other Pacific Islander, B=Black or African American, I=American Indian or Alaska Native, M=Multi Race, O=Other

- Sex Male Female

- Veteran Yes No

- Disability Yes No

- Have income Yes No

- Years of _____

2. Household member 2

- First Name _____ Middle Initial _____

- Last Name _____

- Social Security Number (required) _____

- Date of Birth (MM / DD / YYYY) _____

- Race (Enter the letter from the list below) _____ Hispanic Yes No

A=Asian, W= White, P=Native Hawaiian or Other Pacific Islander, B=Black or African American, I=American Indian or Alaska Native, M=Multi Race, O=Other

- Sex Male Female

- Veteran Yes No

- Disability Yes No

- Have income Yes No

- Years of _____

3. Household Member 3

- First Name _____ Middle Initial _____
- Last Name _____
- Social Security Number (required) _____
- Date of Birth (MM / DD / YYYY) _____
- Race (Enter the letter from the list below) _____ Hispanic Yes No

A=Asian, W= White, P= Native Hawaiian or Other Pacific Islander, B=Black or African American, I=American Indian or Alaska Native, M=Multi Race, O=Other

- Sex Male Female
- Disability Yes No
- Years of School: _____
- Veteran Yes No
- Have income Yes No

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

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

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

How many members of your household do NOT have health insurance? _____

INCOME, BENEFITS AND OTHER ASSISTANCE (Check all that apply for your household and send proof of income)

- Wages
- Self-Employment/Farm Income*, Date Business started: _____
- Rental Income
- Unemployment Compensation
- Workers' Compensation
- Interest or Dividend Income
- Contract for Deed Interest
- Veterans' Benefits
- Social Security Retirement Benefits
- Social Security Disability Income (SSDI)
- Supplemental Security Income (SSI)

- Retirement Survivors Disability Insurance (RSDI)
- Retirement Income
- Pension/Annuity (including quarterly and annual)
- Tribal Per Capita Payments
- Tribal Judgments or Tribal bonus
- Diversionary Work (DWP)
- Long/Short-term Disability
- MFIP
- General Assistance (GA)
- Alimony or Spousal Support
- Other income not listed:

No proof of income required for the following sources:

- Child Support, Monthly amount \$ _____
- Food Support
- Earned Income Tax Credit
- No Income (Please contact your local EAP agency)

Important:

Send proof of all gross income received by all people in your household in the last 3 full calendar months. Send copies, originals will not be returned. Wages for children in grades K-12 are not counted.

*If self-employed, send first 2 pages of your most recent IRS-1040 tax return. Contact your local EAP Service Provider if your business was started less than two years ago.

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

You must sign and date the last page of the application. It must be postmarked or received no later than May 31, 2017.

If you sign application in:	Send proof of gross income received in the months of:
Aug 2016	May, June, July 2016
Aug 2016	May, June, July 2016
Sept 2016	June, July, Aug 2016
Oct 2016	July, Aug, Sept 2016
Nov 2016	Aug, Sept, Oct 2016
Dec 2016	Sept, Oct, Nov 2016
Jan 2017	Oct, Nov, Dec 2016
Feb 2017	Nov, Dec 2016, Jan 2017
Mar 2017	Dec 2016, Jan, Feb 2017
Apr 2017	Jan, Feb, March, 2017
May 2017	Feb, March, April 2017

For EAP, your household income cannot be more than these income guidelines for three months:

Household Size	Income
1	\$6,135
2	\$8,023
3	\$9,910
4	\$11,798
5	\$13,686
6	\$15,574
7	\$15,928
8	\$16,282
9	\$16,636

Part 3. Housing Information

Type of Housing:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Triplex |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Fourplex |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> |

Other _____

How long have you lived in your current home?

____Years ____Months

Do you pay for rent or mortgage? Yes No

If yes, amount (\$): _____(required)

Renters:

Do you get a rent subsidy or do you live in subsidized housing? Yes No

Is heat included in your rent? Yes No

Is electricity included in your rent? Yes No

Landlord's Name: _____

Phone: _____

Address: _____

Homeowners:

Do you own or are you buying your home? Yes No

If your furnace/heating system is currently NOT working, check this box:

Contact your local EAP agency immediately if your furnace/heating system is not working.

Business Use of Home:

If you are self-employed, is the business at your home? Yes No

If Yes, what kind of business and what work is done in your home or on your property?

Do you rent out part of your home to anyone? Yes No

Part 4. Heat Sources

(Electricity is only a heat source when used to provide the heat 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.

<input type="checkbox"/> Oil	<input type="checkbox"/> Corn
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Pellets
<input type="checkbox"/> Propane/LP	<input type="checkbox"/> Other Biofuel
<input type="checkbox"/> Electricity	<input type="checkbox"/> Municipal Steam
<input type="checkbox"/> Wood	<input type="checkbox"/> St. Paul District Heating

What energy companies supply heat and electricity to your home?

Heating Company
Name

Name on Account

Account
number

Electric Company
Name

Name on Account

Account number

SEND A COPY OF YOUR LAST HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION

Do you heat with wood, pellets, corn or other biofuel?

Yes No If Yes, answer the next 3 questions:

1. What percent of your heat does this supply? (use chart below)

Circle the percent of heat from wood, corn, pellets, other biofuel.

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

2. Do you cut your wood or grow fuel corn? Yes No

3. How many bedrooms are in your home? _____

If you are having an energy emergency right now, check type of emergency below and send a copy of the notice from your energy company showing the amount owed:

Already disconnected-

Company: _____

Disconnect Date: _____

Amount Owed: _____

Received disconnect notice-

Company: _____

Date Scheduled: _____

Amount Owed: _____

Fuel tank empty (or less than 20% in tank)-

What % is in your tank today? _____

Amount Owed: _____

Please contact your energy company to set up a payment plan.

Do you use electricity to heat your home? Yes No
If yes, check the box(es) below to indicate how it is used.

- Furnace fan/blower only
- Space heaters used as needed
- Space heaters are the only source of heat for one or many rooms. List the room(s): _____

Other electric heat used.

Check all that apply: Baseboard Heat In Floor System
 Electric Furnace Heat Pump

List the rooms where electric heat type above is the only source of heat: _____

If you are not registered to vote, would you like a voter registration card? Yes No (You do not have to answer this question)

Would you like 30 % of your energy assistance benefit paid on your electric bill? Yes No

**Part 5. Consent and Signature for October 1, 2016 to
September 30, 2017**

- 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 (Commerce) and Commerce's contractors for the Energy Assistance Program (EAP), the Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP).**
- 2. I authorize the Social Security Administration and the Minnesota Department of Human Services (MDHS) and its affiliated agencies to share data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits with Commerce and commerce's contractors for EAP, WAP and CIP.**

3. I authorize Minnesota EAP, WAP, and CIP 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 authorize my local EAP, WAP and CIP Service Providers to contact me for outreach and referral.
5. By signing, I affirm that all data in this application is correct. I also acknowledge that:
 - I currently reside in the address listed on this application.
 - I am signing on behalf of all household members.
 - 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 EAP, WAP, and CIP. I have received a copy of the “Privacy Notice and Your Rights and

Responsibilities” and agree to its terms and conditions.

- I may appeal local Energy Programs Service Provider decisions about my benefits.
- I understand that filling out this application does not guarantee that my household will receive assistance.
- I am an adult or emancipated minor.

Print Name: _____

Signature: _____ Today's Date: _____

We must receive your application within 60 days of the date you sign it. This application must be postmarked or received by May 31, 2017.

Funds may not last, apply early.