

Prairie Five Community Action Council
 Big Stone County
 Jeanne Krueger
 Memorial Building
 Post Office Box 5
 Clinton, MN 56225
 Telephone number: 320/325-5227
 Fax number: 320/325-5227

For office use only
HH#: _____
Rep # _____
Grant amount _____

2009-2010 MINNESOTA ENERGY PROGRAMS APPLICATION



Before completing this application, read the attached "Your Rights and Responsibilities" form

Part 1. Personal Information

Your Social Security Number:	The disclosure of Social Security Numbers is voluntary. If you do not give your social security number, it may cause delays in processing your application AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(C) (2) (C) 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 needy families			
Your Name:				
_____	_____	_____	_____	_____
First Name	M.I.	Last Name		
Home Address:				
_____	_____	_____	MN	_____
Street	Apt. #	City	State	Zip Code
Mailing Address (if different from Home Address):				
_____	_____	_____	MN	_____
Street or PO Box	Apt. #	City	State	Zip Code
County: _____		Township: _____		
Home Phone:		Other 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 can get all of your mail for this program, if you include their address.				
First Name _____	Last Name _____	Phone (____) _____		
_____	_____	MN	_____	
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

Is anyone in your household currently a board member or employee of this agency? Yes No
INCLUDING YOURSELF, LIST ALL HOUSEHOLD MEMBERS.

Household member names First Name, Middle Initial & Last Name	Social Security Number	Date of Birth MM/DD/YYYY	Race	Hispanic Y/N	Sex M/F	Disability Y/N	Years Of School	Have Income Y/N
1. (self)		/ /						
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

Disability: a physical or mental impairment that substantially limits one or more major life activities.

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)

<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security or Social Security Disability	<input type="checkbox"/> MN Supplemental Aid (MSA)
<input type="checkbox"/> Self-Employment/Farm Income	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Diversionary Work (DWP)
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Long/Short-term Disability	<input type="checkbox"/> MFIP
<input type="checkbox"/> Unemployment Comp.	<input type="checkbox"/> Retirement Income	<input type="checkbox"/> General Assistance (GA)
<input type="checkbox"/> Workers' Comp.	<input type="checkbox"/> Pension/Annuity (including quarterly and annual)	<input type="checkbox"/> Child or Spousal Support
<input type="checkbox"/> Interest or Dividend Income	<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Tribal Casino Payments
<input type="checkbox"/> Contract for Deed Interest	<input type="checkbox"/> Earned Income Credit (not counted as income)	<input type="checkbox"/> Other

<p>Send Proof of Gross Income for the Past 3 Complete Months for all household members except wages for children in grades K-12</p> <p>If self employed send a copy of the first 2 pages of your 1040 Federal tax return</p> <p>Your application will be delayed if you do not include proof of income</p> <p>Applications must be signed and received by May 31, 2010</p>	If you sign application in:	Send Proof of income for the months of:	<p>For EAP, you must not exceed these income guidelines for 3 months (See Instructions for Weatherization Income Eligibility Guidelines):</p> <table border="1"> <thead> <tr> <th colspan="2">Household</th> </tr> <tr> <th>Size</th> <th>Income</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$5,423</td> </tr> <tr> <td>2</td> <td>\$7,092</td> </tr> <tr> <td>3</td> <td>\$8,761</td> </tr> <tr> <td>4</td> <td>\$10,430</td> </tr> <tr> <td>5</td> <td>\$12,099</td> </tr> <tr> <td>6</td> <td>\$13,768</td> </tr> </tbody> </table>	Household		Size	Income	1	\$5,423	2	\$7,092	3	\$8,761	4	\$10,430	5	\$12,099	6	\$13,768
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	Aug. 2009	May, June, July 2009																	
Sept. 2009	June, July, August, 2009																		
Oct. 2009	July, August, Sept., 2009																		
Nov. 2009	Aug., Sept., Oct., 2009																		
Dec. 2009	Sept., Oct., Nov., 2009																		
Jan. 2010	Oct., Nov., Dec., 2009																		
Feb. 2010	Nov., Dec., 2009, Jan., 2010																		
March 2010	Dec, 2009, Jan., Feb, 2010																		
April 2010	Jan., Feb., March, 2010																		
May 2010	Feb., March, April, 2010																		

Part 3. Housing Information

Type of Housing:

- House Apartment/Condo
 Townhouse Mobile Home
 Duplex Triplex
 Fourplex Other

How long have you lived in your current home? _____

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

What do you pay every month for your mortgage? \$ _____

Homeowners: Are you having problems with your furnace?

Describe problem: _____

(Keep our number and call us if you have furnace problems)

Yes No

Are you self employed and work in your home, or do you rent out part of your home? Yes No. If yes, explain: _____

Answer these questions if you Rent: What do you pay every month for rent: \$ _____

Do you have a rent subsidy from the government or live in subsidized housing? Yes No

Is your heat included in your rent? Yes No Is electricity included in your rent? Yes No

Landlord's name _____ Phone _____ Address _____

Part 4. Heat Sources (electric is not a heat source if just running a furnace)

Put "1" by the heating fuel you use the most and "2" by all other heating fuel you use in your home.

Oil Propane/LP Wood Municipal Steam

Natural Gas Electricity Other St. Paul Dist. Htg.

Would you like 30% of your grant sent to your electric company? Yes No

If you heat with wood, answer these 3 questions:

1. How many bedrooms are in your home? _____

2. Do you cut your own wood? Yes No

3. About what percent of wood do you use? (please circle)

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Use small amount			Burn wood half the time				Use all wood		

WHAT COMPANIES SUPPLY HEAT AND ELECTRICITY TO YOUR HOME?

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

SEND A COPY OF YOUR ELECTRIC BILL AND HEATING BILL OR FUEL RECEIPT WITH THIS APPLICATION

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

Do you have a disconnect with your heating or electric company? Yes _____ No _____

If yes, please list which company and enclose a copy of the disconnect notice.

_____. How much is your disconnect? _____.

Are you interested in Weatherization? Yes _____ No _____

Do you receive child support? If yes, please send proof and list how much you receive each month. _____.

If you are a household that has no income, please contact your outreach worker and request a no income form or write in detail how the family is living with no income. We need this information to complete your application.

Has anyone in your household received help with fuel assistance in another county this heating season? If yes, please list when and what County they were helped in? _____.

If you move, please contact your Outreach staff immediately to provide us with your new address. This information is necessary for any remaining energy grant you may have at your fuel/electric vendor.

WE NEED PROOF OF ALL YOUR INCOME--WE WILL NOT RETURN ORIGINALS--SEND COPIES

Part 6. Cold Weather Rule Protections

If you receive energy assistance, you pre-qualify for Cold Weather Rule protection from October 15 to April 15. You must call your energy companies to activate this protection. This protection helps restart your service for the heating season and stop the energy companies from shutting off your heat between October 15 and April 15. You must make and keep a payment agreement to stay protected. Energy assistance does not replace what you need to pay.

Please answer these questions and take the steps needed based on your answers.

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| I did contact my energy companies and have payment agreements. If <i>No</i> , please contact your energy companies at once to make payment plans. | <input type="checkbox"/> | <input type="checkbox"/> |
| I did contact my energy companies to enroll in their discount programs. If <i>No</i> , call your energy companies today to find out what they offer. Not all energy companies have discount programs. | <input type="checkbox"/> | <input type="checkbox"/> |
| Does anyone in your home have an illness that requires heat and/or electricity? If <i>Yes</i> , you may need to submit a doctor's statement to your energy companies. | <input type="checkbox"/> | <input type="checkbox"/> |

To get all these protections, 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.

Part 7. Consent and Signature

For the program year starting October 1, 2009 and ending September 30, 2010

- 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 and Weatherization Programs and for the Conservation Improvement Program.
- I also allow the Social Security Administration and the Minnesota Department of Human Services and its agencies to share data concerning my public benefits received within the last year for eligibility for benefits with DOC and DOC's contractors for the Energy Assistance and Weatherization Programs.
- I allow Minnesota Energy Assistance Program to:
 - Contact my employer to verify my income.
 - If I rent, to contact my landlord to confirm my residency and/or heating source
- I allow my local Community Action Agency to contact me for outreach and referral.
- My signature below affirms the data in this application is correct. I agree to share this data, as stated above. 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.

Signature:	Date:
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We must receive your application within 60 days of the date signed and no later than May 31, 2010.

(Funds may not last through May 31, so apply early)